



STATE OF WASHINGTON  
DEPARTMENT OF COMMUNITY,  
TRADE AND ECONOMIC DEVELOPMENT

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# Community Mobilization Against Substance Abuse and Violence *2004 – 2005 Annual Report*

October 2006





Community Mobilization  
Against Substance Abuse And Violence  
*2004 – 2005 Annual Report*

October 2006

Washington State Department of  
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**Points of view or opinions contained within this document do not necessarily represent the official position or policies of the U.S. Department of Education.**

**This program is authorized under Chapter 43.270 RCW.**

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# TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY</b> .....	iii
<b>INTRODUCTION</b> .....	1
<b>WHAT IS COMMUNITY MOBILIZATION?</b> .....	3
<b>ANCILLARY BENEFITS</b> .....	5
<b>COMMUNITY PARTNERSHIPS</b> .....	6
Collaborative Needs Assessment .....	6
Washington State Prevention Summit .....	7
Healthy Youth Survey .....	7
Governor's Council on Substance Abuse .....	7
Washington State Meth Initiative .....	8
Washington Association for Substance Abuse and Violence Prevention .....	8
DSHS/Division of Alcohol and Substance Abuse/Prevention Services .....	8
Schools .....	8
Washington State Traffic Safety Commission: DUI Task Forces .....	9
Department of Health: Tobacco Prevention and Control Program .....	9
Community Health and Safety Networks .....	9
National Network for Safe and Drug-Free Schools and Communities .....	9
<b>ISSUES OF NOTE</b> .....	11
<b>SUCCESSSES</b> .....	11
Enhancement Funding .....	11
Community Organizing Training .....	11
Data Project .....	11
<b>EMERGING ISSUES</b> .....	12
Meth Production, Use and Associated Crime .....	12
Watch List .....	13
<b>ONGOING ISSUES</b> .....	14
Federal Funding in Jeopardy .....	14
Evidence-based Programming and Local Control .....	15
Cost Efficiencies and Leveraged Funds .....	17
Potential Incarceration Policy Changes for Substance Users .....	17
Increased Governance .....	17

Culturally Appropriate Prevention Programming.....	17
<b>COMMUNITY MOBILIZATION PROCESS AND OUTCOME EVALUATION.....</b>	<b>19</b>
<b>PROCESS EVALUATION.....</b>	<b>19</b>
The Foundation of Community Mobilization's Process Evaluation Efforts .....	19
<b>THE PROGRAM ACTIVITY REPORT .....</b>	<b>20</b>
Unduplicated Participant Count .....	20
Community Mobilization Expenditures and Matching Funds .....	20
Funding Sources .....	20
Gender and Community Mobilization Programs .....	21
Ethnic Groups Served by Community Mobilization Programs .....	21
Who Received Services .....	22
Age of Program Participants.....	22
Referral Sources.....	22
Media Outreach.....	23
Program Implementation Type .....	23
Measurement Focus.....	23
Measurement Method.....	24
Primary Risk and Protective Factors .....	24
Community Mobilization Local Volunteer Base.....	25
<b>OUTCOME EVALUATION .....</b>	<b>25</b>
The Foundation of Community Mobilization's Outcome Evaluation Efforts.....	25
<b>FISCAL YEAR 2004-2005 OUTCOME EVALUATION.....</b>	<b>26</b>
Community Mobilization Scorecard .....	26
Qualitative Evaluations: Focus Group Reports .....	27
Community Mobilization Quantitative Program Surveys, 2002-2005.....	27
<b>LOCAL PROGRAM SUMMARIES OVERVIEW.....</b>	<b>29</b>
<b>WASHINGTON STATE PROGRAM SUMMARY .....</b>	<b>31</b>
<b>LOCAL PROGRAM SUMMARIES .....</b>	<b>33</b>
<b>APPENDICES</b>	
<b>Appendix A: Community Mobilization Regional Structure.....</b>	<b>107</b>
<b>Appendix B: CM Contractors and CMAC Members .....</b>	<b>111</b>
<b>Appendix C: Principles of Effective Prevention .....</b>	<b>121</b>
<b>Appendix D: CMAC Strategic Plan .....</b>	<b>129</b>
<b>Appendix E: Developing Healthy Communities .....</b>	<b>133</b>

## EXECUTIVE SUMMARY

Authorized by RCW 43.270 as a statewide effort, the Community Mobilization Program (“Community Mobilization”) is unique in that it organizes local communities to address the problems of substance abuse and violence. The Community Mobilization Program assists community members in Washington's 39 counties to create and sustain healthy, safe, and economically viable communities, free from alcohol, tobacco, other drug abuse, and violence.

***Community Mobilization Against Substance Abuse and Violence has active community coalitions working throughout Washington.*** In 2004-2005, 543 Community Mobilization programs served 354,382 persons, 101,937 more than during the previous year. There were 182,621 new participants, and 171,761 attended large events. Thirty-six percent of all participants were youth aged 10 - 18. Examples of local programs that were provided include:

- Challenge Ropes Courses
- After-School Programs
- Parent Education Classes
- Teen Centers and Coalitions
- Smoking Cessation Programs
- Pregnancy Prevention Programs
- Anger Management Classes
- Social Skills Development Classes
- Juvenile Intervention Programs
- Reducing Underage Drinking Programs
- Mentoring Programs
- Family Resource Centers

This report provides information and data about the functions and activities of the statewide Community Mobilization Program as implemented in Washington's 39 counties.

***The Community Mobilization Program uses the Communities That Care® risk and protective factor model.*** *Communities That Care®* is a best practices model that provides research-based tools to assist communities in designing effective efforts to promote the positive development of children and youth, and prevent adolescent substance abuse, delinquency, teen pregnancy, school dropout, and violence. Community Mobilization **inclusively engages** all parts of the community in promoting healthy development, **proactively identifies** and addresses priority needs *before young people become involved in problem behaviors*, is **based on rigorous research** from a variety of fields, including sociology, psychology, education, public health, criminology, medicine, and organizational development,<sup>1</sup> is **community specific**, and adapts to the uniqueness of each community.

***Community Mobilization is funded by state and federal dollars.*** A total of \$3.1 million in Community Mobilization funding was distributed to all 39 Washington counties during 2004-2005. Of this total, \$1.7 million came from the state's Violence Reduction and Drug

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<sup>1</sup> Developmental Research and Programs, Inc., *Community Mobilization Evaluation, 2001 Final Report*, Channing L. Bete Co., Inc. 2001, p. 31.

Enforcement (VRDE) account and \$1.4 million came from the federal Safe and Drug-Free Schools and Communities grant.

***Community Mobilization provides vision.*** The Community Mobilization Program's vision is community members participating in creating and sustaining healthy, safe, and economically viable communities free from alcohol, tobacco, other drug abuse, violence, and all related social issues. The key to achieving this vision is captured by the Community Mobilization Program's mission, to effectively address the problems of alcohol, tobacco, other drug abuse and violence through collaboration, cooperation, communication, commitment, and cultural competency.

***Community Mobilization is a local resource.*** Since the inception of Community Mobilization, local Community Mobilization coordinators have been recognized as their county's central resource for all prevention efforts.<sup>2</sup> They are generally the first to be contacted when individuals or organizations have questions about substance abuse or violence prevention because they either have the answers or know the source of those answers.<sup>3</sup>

***Community Mobilization provides leadership.*** Successful community-based prevention programs build upon the efforts of a variety of locally based organizations. Community Mobilization promotes

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<sup>2</sup> Developmental Research and Programs, Inc., *The Role Community Mobilization Programs Play Supporting County-Wide Efforts to Prevent Alcohol, Tobacco, Other Drug Use, and Violence*, Channing L. Bete Co., Inc., 2001, p. 12.

<sup>3</sup> Ibid., p. 15.

prevention efforts through community commitment to values and attitudes consistent with a drug- and violence-free environment. Community Mobilization leadership stimulates changes that ensure prevention efforts are culturally appropriate and effective. One of the most important prevention lessons learned throughout the last two decades is that prevention cannot be imposed from the outside; it must be led from inside the community to be effective.<sup>4</sup> Community Mobilization brings local leaders to the table.

***Community Mobilization is locally driven.*** The Community Mobilization Program requires an active local governing board that represents the local community. The board is involved in the development and implementation of the Community Mobilization Program's substance abuse and violence reduction strategy. At a minimum, each county board includes representation from education, treatment, law enforcement, local government, and parents.

***Community Mobilization is based upon partnerships.*** Community Mobilization programs are directly involved in many networking efforts developed as a result of community representatives working together to share information. Examples include the Collaborative Needs Assessment, the Washington State Prevention Summit, the Healthy Youth Survey, the Governor's Council on Substance Abuse, the Washington Association for Substance Abuse and Violence Prevention, the Washington State Traffic Safety Commission/DUI Task Forces, the Washington State Department of

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<sup>4</sup> Ibid., p. 31.



Health/Tobacco Prevention and Control Program, the National Network for Safe and Drug-Free Schools and Communities, and the schools.

***Community Mobilization addresses emerging issues.***

Community Mobilization is flexible and is designed to meet the specific needs of each community. Local Community Mobilization programs identify and address emerging issues in drug abuse and violence prevention locally and statewide. State and local agencies take this information and collaborate to develop statewide approaches. Successes of Community Mobilization include:

- The 2005 State Legislature appropriated an additional \$577,000 effective for the 2005-2006 year.
- A design group of local contractors and statewide partners began developing a new Community Organizing training curriculum for local providers.
- In partnership with the Office of Superintendent of Public Instruction, Community Mobilization received a federal grant to design and implement a new online application and data management system.

Emerging and Ongoing Issues to be discussed include:

- Methamphetamine production and use
- The “Choking Game”
- “Huffing” and “dusting”
- Prescription drug abuse
- Funding challenges
- The need for evidence-based programming vs. local control
- Cost efficiencies and leveraged funding

- Substance abuse policy changes
- Increased governance
- Culturally appropriate prevention programming.

***Community Mobilization reduces crime and substance abuse.***

- **ASOTIN:** Only two percent of the 97 youth receiving *Safe Policy* program services entered the Asotin County Juvenile Court system during 2004-2005.
- **GARFIELD:** There continued to be a decrease in Minor in Possession violations issued by law enforcement following drug and alcohol prevention efforts in the county.
- **KING:** Youth recidivism was reduced by 96 percent for youth participating in *Juvenile Intervention* projects.

***Community Mobilization improves safety and well-being.***

- **COLUMBIA:** *Summer Youth Program* – Seventy percent of parents surveyed felt their child’s understanding of responsibility, respect, fairness, and trustworthiness increased.
- **KITSAP:** *Olympic High School Peer Mediation Program* – Of the students that participated in 21 mediations completed through the program, 95 percent reported that their conflicts were successfully resolved.
- **SNOHOMISH:** *Arlington Respect Summit* – Ninety-five percent of participants indicated that they had an increased awareness of harassment, intimidation, bullying, and racism as a result of their participation.

***Community Mobilization improves academic performance.***

- **BENTON-FRANKLIN:** *5<sup>th</sup> Grade Friendship Challenge* – Seventy-six percent of 600 participating students felt more connected to their school, an increased protective factor.
- **WHITMAN:** *Ropes Challenge Course* – Schools that sent students to the reported increased bonding and smoother transitions from elementary to middle and middle to high school levels.

***Community Mobilization Supports Healthy Families***

- **COWLITZ:** *Strengthening Families 10-14 Programs* – Sixty percent of parents reported high family tension before the program, while only ten percent reported high family tension after the program. Fifty-one percent of youth surveyed in the same programs reported improved family involvement and family harmony and 65 percent of parents surveyed reported positive change in daily routines and in their ability to manage and control their temper.
- **ISLAND:** *Developing Capable Young People* – Using the family domain survey, 50 percent of parenting class participants reported high family tension at the beginning of the class; 14 percent reported high family tension after the class.

***Community Mobilization's success is documented by evaluation.***

In 2004-2005, Community Mobilization required its local contractors to measure at least one program using a Community, Trade and Economic Development approved tool. Findings showed that Community Mobilization-sponsored programs overall were good at organizing and preparing communities for involvement in prevention activities. The two highest ranked items from the 19-item Community Scorecard survey were:

- The mobilization effort has behind-the-scenes support.
- Participants have the organizational know-how to mobilize the community.

In addition, 14 counties implemented eight different types of family programs. Pre-post data from these programs suggested that Community Mobilization-sponsored family programs reduced family tension, a variable strongly associated with substance abuse and violence (49 percent of participants reported high family tension before the programs and only 18 percent reported high family tension after the programs).

## INTRODUCTION

***Community Mobilization Against Substance Abuse and Violence*** has active community-based coalitions working in all 39 Washington counties. Community Mobilization Programs provide the catalyst and coordination necessary to bring community stakeholders and organizations together to develop strategies that combat substance abuse and violence locally. Community Mobilization bring together expertise in the field of Prevention and builds on existing efforts to facilitate community change and provide healthy social development experiences for youth and families impacted by, or at risk for, substance abuse and violence.

The Community Mobilization Program was established within the Department of Community, Trade and Economic Development in 1989 by the Washington State Legislature to address issues of substance abuse, violence, and related social ills through the organized and collaborative efforts of entire communities. Fiscal year 2004-2005 funding for Community Mobilization came from two sources, totaling \$3.1 million per year:

- Washington State's dedicated Violence Reduction and Drug Enforcement account provided about \$1.7 million per year.
- The Governor's portion of the federal Safe and Drug-Free Schools and Communities Grant provided another \$1.4 million.

This report provides information and data about the statewide Community Mobilization Program within each of Washington's 39 counties. The Department of Community, Trade, and Economic Development staff and the local Community Mobilization coordinators are enthusiastic about the successes they have consistently enjoyed within the local programs. The following pages will describe what the Community Mobilization Program is all about: *organizing local communities to prevent and reduce substance abuse and violence*.

In addition, this report summarizes key evaluation findings resulting from the 2004-2005 county Community Mobilization programs and discusses issues faced by Community Mobilization. It describes the many characteristics of Community Mobilization at the local level and how each community uniquely works to collaboratively solve its own substance abuse and violence problems. This collaboration includes law enforcement, treatment, local government, education, parents, and other community members working together for a stronger, more resilient community.



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## WHAT IS COMMUNITY MOBILIZATION?

Effective prevention of alcohol, tobacco, drug abuse and violence requires communities to be organized and determined to meet the challenge. Successful prevention efforts require a structure and process that encourage a variety of independent, local organizations to cooperate effectively in the delivery of community-based prevention services. For Washington State that structure and process is the Community Mobilization Program ("Community Mobilization").

The Community Mobilization Program's vision is: **Community members participating in creating and sustaining healthy, safe, economically viable communities, free from alcohol, tobacco, other drug abuse, violence, and all related social issues.** Local Community Mobilization coordinators make this a reality by pursuing the Community Mobilization mission **to effectively address the problems of substance abuse and violence through collaboration, cooperation, communication, commitment, and cultural competency.** Community Mobilization supports local community organizing efforts, services, and projects directed toward substance abuse and violence reduction within every county in Washington State.



Since the program's inception, local Community Mobilization coordinators have been recognized as their county's central resource for all prevention efforts.<sup>5</sup> They are the first to be contacted when individuals or organizations have questions about substance abuse or violence prevention because they either have the answers or know the source of those answers.<sup>6</sup> Their connections within their counties are their major assets, providing links between organizations and services. In this capacity, programs supported by Community Mobilization have become the cornerstone of prevention efforts throughout their communities. They assist in allocation of effort and resources, assemble prevention expertise, ensure coordination of efforts, and generate momentum for passionately organized prevention communities. Community Mobilization is the only state prevention program in Washington State requiring local community organization as a prevention strategy.



<sup>5</sup> Developmental Research and Programs, Inc., *The Role Community Mobilization Programs Play Supporting County-Wide Efforts to Prevent Alcohol, Tobacco, Other Drug Use, and Violence*, Channing L. Bete Co., Inc., 2001, p. 12.

<sup>6</sup> Ibid., p. 15.

Successful community-based prevention programs build upon the efforts of a variety of locally based organizations, ensuring a multi-sectored approach. Community Mobilization targets specific community needs identified through county-level collaborative needs assessments. Community Mobilization promotes prevention efforts through community commitment to values and attitudes consistent with a drug- and violence-free environment. Local Community Mobilization leadership stimulates changes that ensure prevention efforts are culturally appropriate and effective. One of the most important prevention lessons learned throughout the last two decades is that ***prevention cannot be imposed from the outside; it must be led from inside the community to be effective.***<sup>7</sup>

Professionals and community members in each county work together to develop a collaborative needs assessment to identify the highest substance abuse and violence risks among their communities and to select protective factors they can use in preventing these problem behaviors. This locally driven process involves a partnership of the following state-funded programs and personnel: CTED's Community Mobilization Program, within the Safe and Drug-Free Communities Unit, Office of Superintendent of Public Instruction prevention/intervention specialists, the Department of Social and Health Services/Division of Alcohol and Substance Abuse county prevention coordinators, the Department of Health Tobacco Prevention and Control Program, Driving Under the Influence Task Forces, and Community Health

and Safety Networks. Additional partners include parents, concerned citizens, and other locally based organizations that serve the community.



Community Mobilization is **based on rigorous research** from a variety of fields, including sociology, psychology, education, public health, criminology, medicine, and organizational development.<sup>8</sup> Community Mobilization programming uses the *Communities That Care*® model in promoting positive development of children and youth and preventing substance abuse and violence. Under this model, Community Mobilization **inclusively** engages all areas of the community in promoting healthy development and **proactively** identifies and addresses priority needs *before young people become involved in problem behaviors*. Community Mobilization targets early indicators instead of waiting until problems become entrenched in young peoples' lives.

Each local Community Mobilization Program uses its own community's data-driven profile. This profile is used in the county's collaborative needs assessment process to develop a comprehensive, long-range plan to strengthen

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<sup>7</sup> Developmental Research and Programs, Inc., *Community Mobilization Evaluation, 2001 Final Report*, Channing L. Bete Co., Inc., 2001, p. 31.

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<sup>8</sup> Developmental Research and Programs, Inc., *Community Mobilization Evaluation, 2001 Final Report*, Channing L. Bete Co., Inc., 2001, p. 7.



existing resources and to fill identified resource gaps throughout the county.



*Communities That Care*® was developed by Robin Posey; Sherry C. Wong; Richard F. Catalano, Ph.D.; J. David Hawkins, Ph.D.; Linda Dusenbury, Ph.D.; and Patricia J. Chappel of the University of Washington. In the early 1980s, Drs. J. David Hawkins and Richard F. Catalano collaborated in conducting a review of thirty years of research on youth substance abuse and delinquency. Their risk and protective factor-focused prevention approach is based on the simple premise that to prevent a problem from happening we need to:

- *Identify the factors that increase the risk of that problem developing.*
- *Find ways to reduce the risk.*
- *Identify the factors that protect, or reduce the chances of that problem developing.*
- *Find ways to increase the protection.*

This is the foundation upon which each local Community Mobilization Program is built. The uniqueness of Community Mobilization's community organizing role combined with the *Communities That Care*® model and the county collaborative needs assessment process results in prevention strategies that are locally driven. In this way, Community Mobilization effectively addresses the specific substance abuse and violence reduction needs of local communities statewide.

### ANCILLARY BENEFITS

It is difficult to separate general prevention work from prevention specifically tailored for substance abuse and violence prevention. In the *Communities That Care*® model, many programs developed to address substance abuse and violence in youth also address a number of related behaviors, including delinquency, school drop-out, teen pregnancy, depression, anxiety, etc. Programs aimed at reducing substance abuse and violence will have positive effects in a number of other areas, which may or may not be identified or measured, and for which the Community Mobilization Program may or may not receive credit.



## COMMUNITY PARTNERSHIPS

Community Mobilization's success is largely due to the partnerships it has created. Community Mobilization coordinators have strengthened and expanded their relationships over the years through their collaboration with other community organizations to reduce substance abuse and violence.

At the local and state levels, Community Mobilization creates partnerships with multiple agencies and service providers within and outside of the prevention field. This type of networking requires constant maintenance and assistance in order to thrive. Community Mobilization contractors prioritize their efforts to ensure that local networking, or *community organizing*, receives the support and assistance needed to continue to serve the community.

The Community Mobilization Program requires its programs to have an active policy board made up of local community representatives that develops and implements a comprehensive substance abuse and violence reduction strategy. At a minimum, each county board includes representation from education, treatment, law enforcement, local government, and parents. Community Mobilization boards represent a broad cross-section of the community's agencies and organizations (such as the business and faith communities) and ensure appropriate representation from the county's diverse ethnic, racial, and age populations throughout the county's geography.

Community Mobilization programs are directly involved in networking efforts developed as a result of community representatives working together to share information.

Examples of collaboration include:

- Collaborative Needs Assessment
- Washington Prevention Summit
- Healthy Youth Survey
- Governor's Council on Substance Abuse
- Washington State Meth Initiative
- Washington Association for Substance Abuse and Violence Prevention
- DSHS/Division of Alcohol and Substance Abuse Prevention Services
- Schools
- WTSC Driving Under the Influence Task Forces
- DOH Tobacco Prevention and Control Program
- Community Health and Safety Networks
- National Network for Safe and Drug-Free Schools and Communities

### **Collaborative Needs Assessment**

Local Community Mobilization coordinators and their counterpart DASA Prevention Specialists are required by their state funding sources to work together to develop a *Collaborative Substance Abuse and Violence Prevention Needs Assessment*. Schools, health and safety networks, and tobacco prevention program partners are encouraged to participate. This local process is supported by partnerships among the following state programs and agencies: Community Mobilization, Office of Superintendent of Public Instruction, Department of Social and Health Services/Division of Alcohol and Substance Abuse, Department of Health, Community



Health and Safety Networks, and Washington Traffic Safety Commission Driving Under the Influence Task Forces, as well as parents, concerned citizens, and community organizations. This assessment assists community partners to identify and prioritize their substance abuse and violence risk and protective factors, and to identify resources in the community to address those factors.



### **Washington State Prevention Summit**

Representatives from all areas of the substance abuse and violence prevention field come together every year at a statewide conference to share expertise and learn about innovative programs and best practices. The 2004 Summit theme was “*Dedicated to Prevention...Working Together for a Drug-Free Washington.*” The conference offered workshops focused on collaborative efforts in prevention theory and science; practical application; innovations; policy and advocacy; systems development; advanced prevention science; and taking research to practice. Workshop track subjects included school, community, professional, tobacco, youth, marijuana, and underage drinking. Community Mobilization coordinators

were planners, participants and presenters, highlighting their program practices and current strategies.



### **Healthy Youth Survey**

Every two years, partners from the Office of Superintendent of Public Instruction, Department of Health, Division of Alcohol and Substance Abuse, Community Mobilization, and the Community Health and Safety Networks come together to jointly sponsor a statewide survey of youth health behaviors. The *Washington State Healthy Youth Survey* is given to students in Grades 6, 8, 10 and 12. It gathers information concerning behaviors that may result in unintentional or intentional injury (e.g., seat belt use, fighting, weapon carrying); physical activity; dietary behaviors; alcohol, tobacco, and other drug use by minors; and risk and protective factors for substance abuse and violence. Survey data are used as one source of information in developing each county’s collaborative needs assessment.

### **Governor’s Council on Substance Abuse**

The Governor’s Council on Substance Abuse was established by executive order in 1994. Community Mobilization is one of several key agencies selected for

representation. The council works with state and local agencies and communities to develop substance abuse reduction goals and priorities for the majority of prevention providers in the state. It advises Washington State's governor on substance abuse issues by providing policy, program, and research recommendations.

### **Washington State Meth Initiative**

Community Mobilization convenes or co-convenes Meth Action Teams in each county in the state in conjunction with the county sheriffs. This work is part of the federally funded Washington State Meth Initiative Program, which encourages a three-legged stool approach to the meth problem in communities (prevention, treatment, and law enforcement). Community Mobilization coordinators use their community organizing skills to bring the community together to impact the meth problem.

### **Washington Association for Substance Abuse and Violence Prevention**

As the need for stronger advocacy became critical to reduce substance abuse and violence and their effects on the citizens and communities of Washington State, Community Mobilization coordinators came together to create the *Washington Association for Substance Abuse and Violence Prevention*. Members represent large, small, rural, and urban communities; and blend their ideas, strengths, and experiences. The mission of the Washington Association for Substance Abuse and Violence Prevention is "to unite prevention advocates in Washington State in order to create environments that support safe and healthy communities through the prevention of substance abuse and violence."

### **Department of Social and Health Services/ Division of Alcohol and Substance Abuse/ Prevention Services**

Community Mobilization is closely linked with community substance abuse prevention services provided by the Division of Alcohol and Substance Abuse. Community Mobilization works with the Division of Alcohol and Substance Abuse to assess the needs of communities and design strategies to meet those needs.

### **Schools**

Partnership is the appropriate description for Community Mobilization and the prevention work done in local schools. Program Activity Reports from 2004-05 show that school referrals made up 41 percent of participants statewide. Community Mobilization is considered by school Prevention/Intervention Specialists to be their main local resource.<sup>9</sup> Community Mobilization offers services in schools including prevention curricula, video rentals, school notification regarding statewide activities, assistance with events such as the "Mock Crash," provision of classroom educational materials, after-school activities, data for grant writing, and availability to schools for any questions concerning prevention. Community Mobilization assists with information concerning needs assessments; laws and regulations related to prevention; and new laws and/or concerns.

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<sup>9</sup> Developmental Research and Programs, Inc., *The Role Community Mobilization Programs Play Supporting County-Wide Efforts to Prevent Alcohol, Tobacco, Other Drug Use, and Violence*, Channing L. Bete Co., Inc., 2001, p. 12.



### **Washington State Traffic Safety Commission: Driving Under the Influence Task Forces**

Traffic Safety Programs promote safe driving in their respective communities and serve over 85 percent of our state's population. In many counties, Community Mobilization coordinators work directly with, or serve as, Driving Under the Influence Task Force County Coordinators. Services include coordinating “emphasis patrol” activities; presenting to youth and communities; public information and education; organizing mock crashes, assisting with safe prom activities, assisting with Driving Under the Influence victim impact panels; and supporting statewide campaigns.

### **Department of Health: Tobacco Prevention and Control Program**

Community Mobilization coordinators play a large role in tobacco prevention and control. They work with county health departments to facilitate training for students, including *Teens Against Tobacco Use*, or participation in public service announcements. In several counties, Community Mobilization coordinators are also the Tobacco Prevention and Control Program contractors.

They work closely with local schools assisting prevention/intervention specialists in providing needed programs for students and providing educational material for classroom teachers. In many counties, Community Mobilization coordinators serve on their county's tobacco coalitions.

### **Community Health and Safety Networks**

Community Mobilization coordinators participate in strategy planning and coordination of services with Community Health and Safety Networks that focus on reducing violence and teen substance abuse in their communities.



### **National Network for Safe and Drug-Free Schools and Communities**

The passion reflected by the local Community Mobilization coordinators was mirrored at the national level when representatives from many of the states' Safe and Drug-Free Schools and Communities Program federal grant recipients came together and formed the National Network for Safe and Drug-Free Schools and

Communities. Washington provided leadership to convene this network and has been recognized for its successes. Comprised of state-level school and Governors' portion administrators (a portion of the grant is targeted to communities via Governors' Offices), the Network meets twice a year in Washington, D.C. and consistently enjoys attendance from no fewer than 30 states. Attendees at meetings share program implementation issues and expertise, seek problem resolution, and communicate information about their programs' successes to all policy levels.

## ISSUES OF NOTE

Community Mobilization is flexible and is designed to meet the specific needs of each community. Local Community Mobilization programs identify and address emerging and ongoing issues in drug abuse and violence prevention locally and statewide. State and local agencies collaborate to develop statewide approaches. This chapter will discuss current successes as well as issues currently faced by the Community Mobilization Program.

### SUCCESSSES

#### Enhancement Funding

Governor Locke recommended, and the State Legislature subsequently approved, a \$1.154 million increase for Community Mobilization for the 2005-2007 biennium. This funding enhancement reflected the importance of the prevention and intervention work provided by Community Mobilization on behalf of the state of Washington. Based on its positive reputation in the prevention field for sound programming and solid evaluation, Community Mobilization received the enhancement to 1) advance the use of evidence-based programs, 2) support further development of program evaluation, and 3) implement training to strengthen local community organizing skills. Next year's Annual Report will discuss how these activities have changed and improved programming within the local communities as a result of the additional state funding.

#### Community Organizing Training

Reaching a 15-year milestone in its program development, during fiscal year 2004-2005 Community

Mobilization began work on a new training curriculum – Community Organizing Training. Up to this time local Community Mobilization coordinators had been hired with varying degrees of community organizing expertise and skill, and yet were expected to have the ability to mobilize their community or to learn how to do so on the job. This has resulted in mixed levels of success in organizing communities across the state. When finished, the Community Organizing Training curriculum under development during 2004-2005 was expected to train and support not only Community Mobilization coordinators but also their boards, coalitions, partners, and community members. The goal for this training effort was to build the community organizing capacity for all communities throughout the state to address their substance abuse and violence issues.

#### Data Project

In partnership with the Washington State Office of Superintendent of Public Instruction, Community Mobilization applied for and received a federal grant to design and implement a new data management system. Both agencies already received funding through a joint federal Safe and Drug-Free Schools and Communities formula grant to provide substance abuse and violence prevention services in the state of Washington, aligning the federal reporting requirements for the two agencies. A design team, data elements group, and steering committee worked on designing a system that not only met federal reporting requirements but streamlined planning, application, and reporting requirements for both agencies.

## EMERGING ISSUES

### Meth Production, Use and Associated Crime

Methamphetamine (meth) production and use have risen steeply in recent years. In 2001, Washington State ranked nationally among the top five states in meth production. As a result, local Community Mobilization programs in all 39 counties received federal funding from the Washington State Meth Initiative to support local Meth Action Teams. Local Meth Action Teams were then co-convened by the Community Mobilization coordinators and county sheriffs to address meth issues using a three-legged stool approach – law enforcement, treatment, and prevention.

Meth Initiative funding continues to support Community Mobilization and the efforts of local Meth Action Teams, with positive results:

- Decrease in domestic meth production.
- Increase in publicly funded accessible treatment for meth addicts. Methamphetamine treatment admissions for publicly funded programs rose another 6.2 percent for the 4<sup>th</sup> quarter of 2005 bringing the yearly increase to 26 percent over 2004 and 37.3 percent over the quarterly average in 2003.<sup>6</sup>
- Decrease in Washington State Ecology meth lab clean-ups since 2003. Domestic meth labs dropped 50 percent for 2005 while total meth-related

responses by the Department of Ecology dropped 60 percent.<sup>7</sup>

- Significant increase in monitoring of precursor sales, which includes the passage of Senate Substitute Bill 6478 by the Washington State Legislature in 2004. This law regulated precursor sales by retailers and resulted in the immediate closure of eight companies<sup>8</sup> collectively responsible for 95 percent of pseudoephedrine tablet sales.

The battle has only begun:

- Meth is frequently linked to crime – in 2005, 52.5 percent of substances analyzed by the Washington State Crime Labs for criminal cases were determined to be meth, up from 49 percent in 2004.<sup>9</sup>
- Most meth in Washington State is imported from Canada and Mexico where it is produced in “super-labs” in a more potent form. With the recent passage of precursor control legislation, importation of meth continues to rise.<sup>10</sup>
- Funding for county Narcotics Task Forces continues to shrink.
- Meth-involved deaths increased from 176 in 2002 to 257 in 2005.<sup>11</sup>

<sup>7</sup> Washington State Patrol, Investigative Assistance Division (data from DOE), *2005 Department of Ecology Lab Related Responses*, December 31, 2005.

<sup>8</sup> Department of Justice (Press Release), *DEA Cracks Down on Meth Manufacturing with ‘Operation Sanctioned Sins,’* January 7, 2005.

<sup>9</sup> Washington State Patrol, Investigative Assistance Division with data provided by WSP Crime Labs, December 31, 2004 and 2005.

<sup>10</sup> Washington State Patrol, Investigative Assistance Division (data from DSHS), *2005 Meth Contacts for Publicly Funded Treatment Programs*, December 31, 2005.

<sup>11</sup> Washington State Patrol, Investigative Assistance Division (data from State Toxicology Lab), *Methamphetamine Statistics*, December 31, 2005.

<sup>6</sup> Washington State Patrol, Investigative Assistance Division (data from DSHS), *2005 Meth Contacts for Publicly Funded Treatment Programs*, December 31, 2005.

- Meth-involved Driving Under the Influence charges increased from 267 in 2002 to 563 in 2005.<sup>10</sup>
- Toxicology cases – The number of children aged 15 and younger who tested positive for meth increased from 13 in 2002 to 20 in 2005.<sup>11</sup>

### Watch List

The following behaviors have been steadily increasing across the State of Washington and have been placed on a “watch list” by Community Mobilization coordinators.

- **The Choking Game:** Many youth have recently engaged in the “Choking Game,” a deadly activity that deprives a person of oxygen causing the person to lose consciousness and get what some describe as a “tingly” or “dreamy” feeling. Some participants in the Choking Game die of asphyxiation. The practice has begun to spread among teens and pre-teens. Children have begun trying it alone, choking themselves with belts, ropes, pet collars, or leashes. Health care professionals report that those most likely to engage in the Choking Game are between the ages of nine and fourteen. They like the sensation, coupled with the fact that it does not involve drugs or alcohol. Most individuals that have died in the Choking Game are those that are active in sports and school. Signs of participating in the Choking Game can include marks around the neck and pinpoint bleeding on the eye or eyelid.<sup>12</sup>

<sup>10</sup> Ibid.

<sup>11</sup> Ibid.

<sup>12</sup> The Tacoma News Tribune, *Choking: A ‘game’ that steals young lives*, October 2, 2005, [www.thenewstribune.com](http://www.thenewstribune.com).

- **Huffing and Dusting:** The abuse of inhalants, “huffing,” is widespread. Nationally the number of new inhalant abusers rose approximately 158 percent from 1990 to 1999 with the 1999 numbers topping one million. The primary user group was composed of 12- to 17-year-olds with over 636,000 youths trying inhalants for the first time in 1999. This number is more than double that of the 18- to 25-year-old user group.<sup>13</sup> In 2004, inhalants were the fourth most-abused substances in the United States among eighth, tenth, and twelfth graders; alcohol, cigarettes, and marijuana were the top three.<sup>14</sup> By the time adolescents reach the eighth grade, one in five has tried inhalants at least once. Prevalence of lifetime abuse has consistently been higher among eighth graders than among tenth and twelfth graders.<sup>15</sup> By 2004, almost 23 million individuals ages 12 and older had experimented with inhalants at some point in their lives, with the highest using group being 18- to 25-year olds. Eleven percent of 12- to 17-year olds and 14 percent of 18- to 25-year olds reported inhalant use in their lifetime.<sup>16</sup>

“Dusting” is a take-off of the Dust-Off product name. Dust-Off, intended for use in cleaning computer keyboards, is inhaled to get a “dizzy” or “buzzed” sensation. This product and others like it contain a

<sup>13</sup> SAMHSA, Office of Applied Studies, *National Household Survey on Drug Abuse*, 2000.

<sup>14</sup> University of Michigan, *Monitoring the Future Study*, 2004.

<sup>15</sup> U.S. Department of Justice, National Drug Intelligence Center, *National Drug Threat Assessment*, 2005.

<sup>16</sup> SAMHSA, Office of Applied Studies, *National Survey on Drug Use and Health*, 2003 and 2004.



compressed gas, not compressed air. The propellant in the compressed gas decreases oxygen to the brain and the heart. Dust-Off is abused mostly by kids ages nine through fifteen. Using Dust-Off is more accepted because users believe it is not huffing. There is no chemical reaction or strong odor, but huffing Dust-Off can kill the user. Death usually occurs as it is being breathed in or within two seconds of finishing the “hit.”<sup>17</sup>

- **Prescription Drugs:** The latest emerging substance abuse trend is the abuse of prescription and over-the-counter drugs. Teens get the drugs over the Internet, at school, and from parents’ medicine cabinets. Part of the attraction of prescription drugs is that they may be easier to get than illegal drugs. Prescribed Ritalin, OxyContin and other psychoactive prescription drugs are the stock-in-trade at so-called “pharming” parties, where teens trade medications and often mix pills with alcohol to get high. Medications considered safe when used as intended can be fatal in large doses or mixed with other pills and alcohol. Half of all teens believe using prescription medications to get high is safer than using street drugs. One third of teens say prescription painkillers are not addictive. One in five teens has been offered a prescription painkiller to get high. This emerging trend in substance abuse is a hidden epidemic of which parents are not highly informed. Increased awareness is helping parents to become proactive in their own homes.<sup>18</sup>

- **Social Sources:** While much past focus has been on retailers selling alcohol and tobacco products to teens, that focus is now shifting to what is called “social sources.” Teens are reporting that often their main sources for alcohol and tobacco are parents, older siblings, older peers, and young adults. These social sources are causing a shift in how prevention and compliance efforts are conducted on the local level.

## ONGOING ISSUES

### Federal Funding in Jeopardy

Nationally and locally, reductions in funding severely impact a system that has already been compromised by repeated funding reductions over the last nine years. Research has demonstrated that when substance abuse and violence prevention resources are reduced, substance abuse and violence increases within the next two to four years.

- **Federal Byrne Drug Law Enforcement Grant:** The largest funding source in the fight against illegal drug manufacturing and trafficking, the federal Byrne Drug Law Enforcement Grant, is drying up. In federal fiscal year 2005, the Byrne grant was combined with the Local Law Enforcement Block Grant into a new Justice Assistance Grant and the funding was reduced. In federal fiscal year 2005 Washington State’s funding for the Byrne grant alone was 40 percent less than the previous allocation, a \$4 million reduction. In federal fiscal year 2006, the state took

<sup>17</sup> <http://www.snopes.com/medical/toxins/dustoff.asp>, 2005.

<sup>18</sup> SAMHSA Prevention Talk Issue 22, 2006.



an additional 40 percent reduction in the Justice Assistance Grant.

- **Federal Safe and Drug-Free Schools and Communities Grant:** The federal fiscal year 2006 Congressional budget reduced the state-grants portion of the Safe and Drug-Free Schools and Communities federal grant by 21.24 percent. Overall, this represented an eight percent reduction in total funding for the Community Mobilization Program in Washington State. The federal fiscal year 2007 Presidential budget again requested elimination of the state-grants portion of the Safe and Drug Free Schools and Communities federal grant. In state fiscal year 2004-2005 this grant provided 46 percent of the Community Mobilization Program's funding in Washington State.

#### **Evidence-Based Programming and Local Control**

Prevention programs are increasingly expected to show positive, successful results despite the difficulty of conducting program measurement with diminishing funding. Most funding sources require local contractors to use Best Practices and/or Promising Approaches from various lists created by federal agencies. As this pressure builds, contractors must weigh the Community Mobilization mandate that strategies be locally driven against the need to comply with "best practice" requirements. Best Practices/Promising Approaches are difficult to implement for the following reasons:

- "Approved" strategies are published by four different federal agencies (Centers for Disease Control, Office of Juvenile Justice and Delinquency Prevention, the

federal Department of Education, and the Center for Substance Abuse Prevention), causing inconsistencies in implementation. The Washington State Institute for Public Policy has generated an additional list of "approved cost-effective programs."

- Most Best Practices/Promising Approaches are costly and require the purchase of copyrighted material, training of staff, and evaluation of its implementation and effectiveness.
- Many local contractors cannot replicate strategies with full integrity, due to limited resources (personnel, time, equipment, or specialized program materials).
- Programs conducted in rural areas often do not have sufficient participants to demonstrate effectiveness.
- Limited funding often restricts the number of clients served.
- Communities have an investment in locally developed strategies they feel are more suited to their population. Gaining community commitment may be extremely difficult if use of imported programs is required.
- Measurement tools provided as a part of best practice strategies usually measure fidelity of program implementation, while funding sources demand proof of effectiveness as shown by outcomes.

Locally designed and implemented programs may have the following disadvantages:

- They may lack outcome measurement tools to demonstrate effectiveness.

- Local expertise to develop/implement outcome measures may not be available.
- Local communities may not possess the necessary resources to reliably demonstrate the success of programs.
- Even when documented and demonstrated, successes may not be viewed as “statistically reliable” by the research community or by funding sources.
- It is nearly impossible for local communities to meet the rigorous demands required in order for a locally developed program to be selected as a Best Practice or Promising Approach.

The 2003 Washington State Legislature assigned the Washington State Institute for Public Policy to determine if there is credible scientific evidence that indicates that prevention programs generate more benefits than they do costs, and, if so, what options offer taxpayers the best return on their dollar.<sup>19</sup> The Washington State Institute for Public Policy found credible evidence that certain well-implemented programs can achieve significantly more benefits than costs. They also found that:

- Some prevention and early intervention programs failed to generate more benefits than costs.
- Most high-quality evaluations have been completed within the last two decades.
- While Washington State has taken significant steps in recent years, many prevention and early intervention programs have not been rigorously evaluated.

<sup>19</sup> ESSB 5404, Sec. 608(2), Chapter 25, Laws of 2003.

The Washington State Institute for Public Policy advised the legislature:

- To invest in research-proven, “blue chip” prevention and early intervention programs.
- To require specialized knowledge needed to identify successful research-based programs.
- To recognize that achieving “real-world” success with prevention and early intervention programs is difficult and that successful prevention strategies require more effort than merely choosing the right program.

The Washington State Institute for Public Policy recommended funding evidence-based programs, which can be difficult to define. It defined effective programming as: “programs that, if properly implemented, are likely to reduce taxpayer and other costs in the future.” The Center for Substance Abuse Prevention defined evidence-based programming in a much broader way by stating that evidence-based programming is “those strategies, activities, or approaches which have been shown through research and evaluation to be effective at preventing and/or delaying substance abuse.”<sup>20</sup>

It is also difficult to separate general prevention work from prevention strategies specifically tailored toward substance abuse and violence prevention. In the *Communities That Care*® model, many programs that are developed to reduce substance abuse and violence in

<sup>20</sup> Steve Aos, Roxanne Lieb, Jim Mayfield, Marna Miller, Annie Pennucci. *Benefits and Costs of Prevention and Early Intervention Programs for Youth*, Washington State Institute for Public Policy, 2004.

youth also reduce a number of related factors, such as delinquency, school drop-out, teen pregnancy, depression and anxiety, etc.<sup>21</sup> Therefore, programs aimed at reducing substance abuse and violence will have positive effects in a number of other areas, which may or may not be identified or measured, and for which the program may or may not receive credit.

### **Cost Efficiencies and Leveraged Funds**

Finding resources to support prevention programming usually means using low-cost programs and recruiting partners to support activities that reduce substance abuse and violence. Due to Community Mobilization's networking in communities, coordination of local resources ensures increased community impact. However, not all leveraged resources are recognized or reported.

- Some resources may be designated as match to other funding sources to support local grants rather than being designated to Community Mobilization.
- Other agencies in communities need match in order to access their funding.
- Some funding sources are ineligible as match for certain funding sources.
- Community Mobilization coordinators do not always recognize and report a supportive activity or contribution as a qualifying match (for example: a donated room used for prevention activities,

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<sup>21</sup> Michael Arthur, Channing Bete Company, Inc., *Communities That Care*, 2002, updated March 2005.

refreshments provided by local retailers, or discounts on printing or other supplies).

### **Potential Incarceration Policy Changes for Substance Users**

Governor Gregoire has guided Washington State's corrections system to focus on keeping criminals in prison and providing intervention/treatment services for substance abusers. Additional strain is put on community resources when re-entering offenders locate in communities to obtain available treatment, mental health counseling, and even housing services. Focus on designing or implementing effective offender re-entry strategies is required to maintain the safety and well being of the community.

### **Increased Governance**

By Executive Order 05-02 Governor Gregoire requires increased governance of state activities through an accountability process called the Government Management, Accountability and Performance Program. This order formalized the theme of increased governance that began with Governor Locke's "Priorities of Government" workgroups. Government Management, Accountability and Performance requires demonstrated successful performance outcomes so that citizens of Washington State can see how government programs are working and the benefits of their tax dollars.

### **Culturally Appropriate Prevention Programming**

The number of ethnic communities across Washington State continues to grow. Programs that were designed to impact the average American youth may not be

appropriate for many ethnic populations. In designing programs for youth of other ethnic backgrounds, strategies might include:

- Contacting influential members of ethnic communities for suggestions and support.
- Seeking input from youth and elders of ethnic communities.
- Training staff and volunteers to be sensitive to the cultural differences, values, and needs of each ethnic community.
- Recruiting qualified members of ethnic communities as paid staff and volunteers.
- Valuing the unique strengths and resources of each ethnic community.

Designing and implementing programs to address particular ethnic communities may fragment the limited resources available. Some of the challenges to providing such programming are:

- Limited numbers of Best Practices/Promising Approaches that have culturally competent components for a wide variety of ethnic backgrounds.
- Limited local contractor resources or expertise to develop appropriate programming for the variety of represented cultures.
- Insufficient numbers of clients of any one culture or insufficient resources to make a unique program effective or efficient.
- Lack of agreement between members of the identified culture on the problem and/or approach.

- Difficulty or expense of providing training to local staff and/or volunteers.

It might be more responsive and efficient for communities to integrate various cultural approaches into one or two programs that serve youth across cultural lines and respond to the ethnic communities represented.

## **IN SUMMARY**

Community Mobilization keeps a watchful eye on emerging and ongoing issues in order to be as effective as possible in finding appropriate solutions. Community Mobilization helps ensure that broadly representative, interested community members remain engaged in its prevention work at the state and community levels. Community Mobilization's flexibility and local decision-making ability make it possible to address emerging issues as they arise, as well as to monitor and continue to address ongoing issues.

## COMMUNITY MOBILIZATION PROCESS AND OUTCOME EVALUATION

The following section contains a summary of Community Mobilization's process and outcome evaluation for 2004 – 2005. For more detailed information about the development and results of Community Mobilization's evaluation efforts since 1996, please refer to past Community Mobilization Annual Reports and Evaluation Reports.

### PROCESS EVALUATION

Process evaluation is the most basic form of program evaluation. It examines the formation, development, and operations of a program. It includes whom the program serves, what kinds of services are delivered, how material and personnel resources are allocated, and the effectiveness of the program's management.

The Community Mobilization Program's process evaluation efforts are dynamic and evolving. Local Community Mobilization coordinators must provide an annual work plan and timeline for all activities, and are required to submit semi-annual Program Activity Reports documenting the accomplishment of their risk- and protective-factor-based activities.

### The Foundation of Community Mobilization's Process Evaluation Efforts

In 1996, the Department of Community, Trade, and Economic Development contracted with Developmental Research and Programs, Inc. to conduct a comprehensive evaluation of the Community Mobilization

Program. During 1996-1998, basic information on program operations was gathered. The evaluation was completed in 2001<sup>22</sup>.

Secondly, a network analysis investigating the community mobilizing functions of local Community Mobilization projects was conducted in 1999-2001.<sup>23</sup>

Several findings emerged from the evaluation process. Overall, the CM projects proved to be well integrated within the county-level prevention community. In fact, CM projects (and their subcontracting agencies) often appeared to be at the center of their county's prevention services. For example, CM project activities routinely incorporated high levels of volunteer effort from other county-level organizations and also provided substantial help to other local prevention agencies. In addition the network analysis showed that CM organizations played a significant and very visible role in the organizational network of the counties.<sup>24</sup> Overall, results suggested that county-level CM Coordinators play an important role in developing and supporting the county-level prevention infrastructure.

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<sup>22</sup> Developmental Research and Programs, Inc., *Community Mobilization Evaluation, 2001 Final Report*, Channing L. Bete Co., Inc., 2001, p. 50.

<sup>23</sup> Developmental Research and Programs, Inc., *The Role Community Mobilization Programs Play Supporting County-Wide Efforts to Prevent Alcohol, Tobacco, Other Drug Use, and Violence*, Channing L. Bete Co., Inc., p. 9.

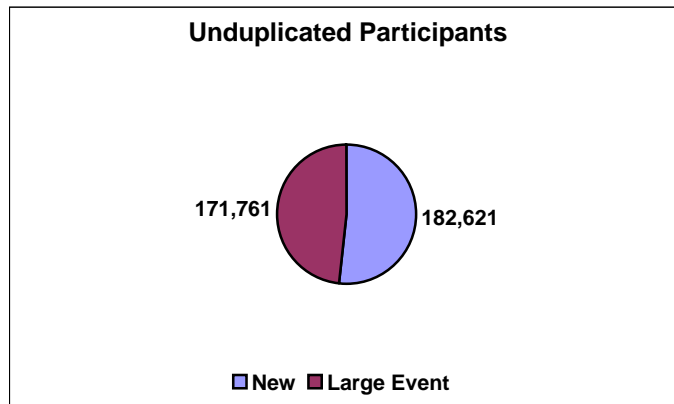
<sup>24</sup> Developmental Research and Programs, Inc., *Community Mobilization Evaluation, 2001 Final Report*, Channing L. Bete Co., Inc., 2001, p. 48.

## THE PROGRAM ACTIVITY REPORT

The Program Activity Report was originally developed in partnership with the Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse. Local Community Mobilization coordinators submit Program Activity Reports to the Department of Community, Trade, and Economic Development semi-annually. In fiscal year 2004-2005, **543** activity reports were submitted online. The following demographic summaries reflect the information submitted within the reports for that time period.

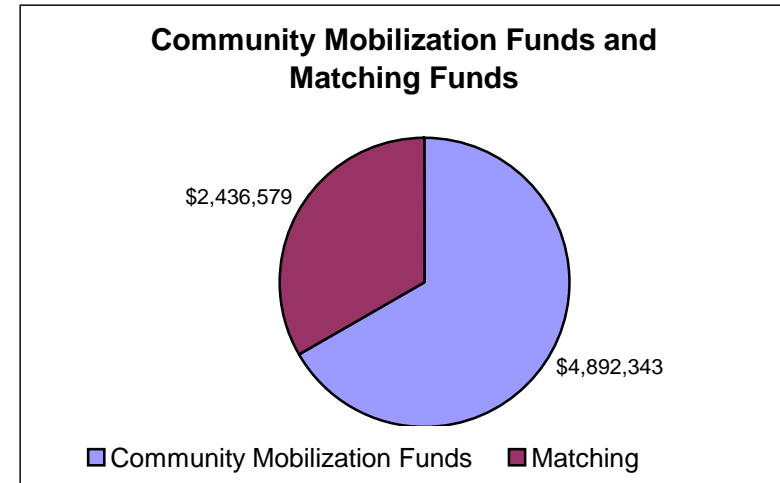
### Unduplicated Participant Count

During 2004-2005, 543 Community Mobilization programs served 354,382 persons, **101,937 more** than during the previous year. There were 182,621 new participants, and 171,761 attended large events. Sessions included continuing programs, projects, and one-time large events.



## Community Mobilization Expenditures and Matching Funds

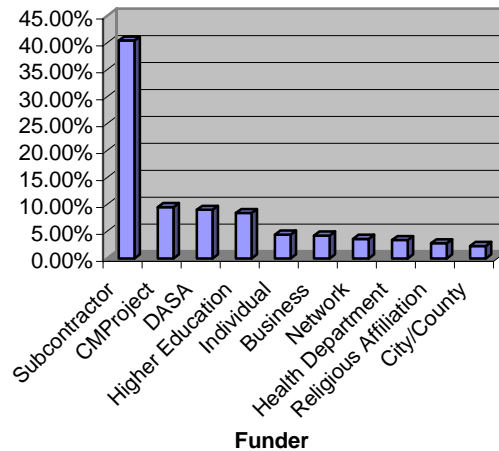
Community Mobilization prevention funds accounted for \$4,892,343 or 66.8 percent of the expenditures, while matching funds accounted for \$2,436,579, or 33.2 percent.



### Funding Sources

Community Mobilization subcontractors and Community Mobilization projects provided 49.9 percent of local prevention funding. The next two largest funding sources were the Division of Alcohol and Substance Abuse of the Department of Social and Health Services (9.0 percent), and Institutions of Higher Education (8.4 percent). (See graph next page.)

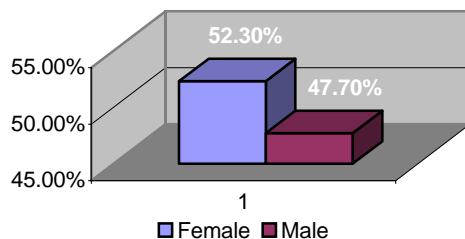
**10 Leading Funding Sources**



### Gender and Community Mobilization Programs

The population of males and females in Washington State is almost a 50/50 ratio. Yes, considerably more females than males participate in Community Mobilization programs (52.3% and 47.7%, respectively).

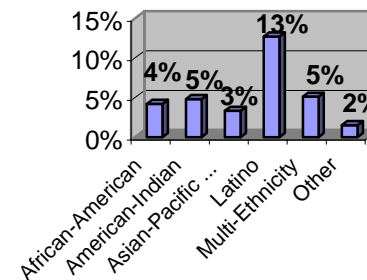
**Gender of Participants**



### Ethnic Groups Served by Community Mobilization Programs

Members of ethnic minority groups made up 31.6 percent of the participants in Community Mobilization programs. This compares to 29 percent the previous year. The estimated 2005 minority population in Washington State was 23 percent of the total state population (Washington State Office of Financial Management). Latinos were the most numerous ethnic minority group and accounted for 12.7 percent of the total number of participants.

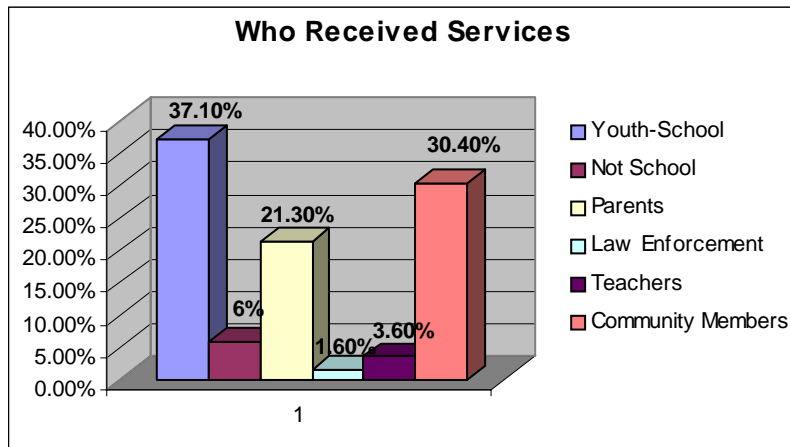
**Minority Ethnicity**



County-level Community Mobilization Programs continue to work to engage Latinos and other ethnic minority groups in program planning and implementation. However, there is a need for more Community Mobilization publications and surveys printed in Spanish and other languages.

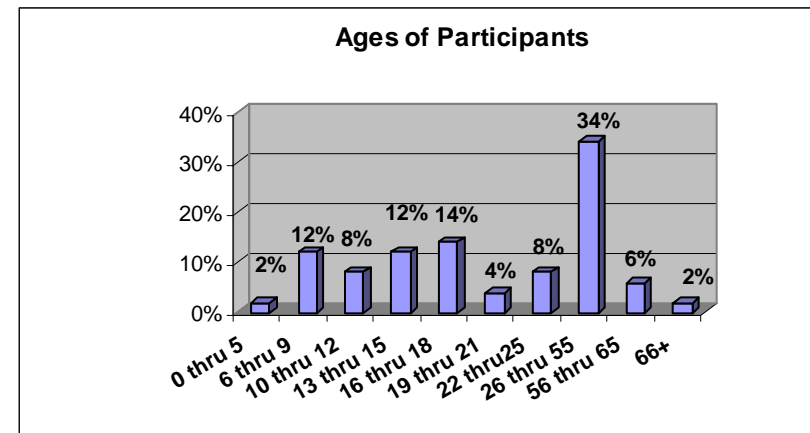
## Who Received Services

Sixty-four percent of Community Mobilization services were directed toward children, youth, and their families, including, youth in school (37.1 percent), youth not in school (six percent), and parents or guardians (21.3 percent). Thirty percent of services were also directed towards Community Members. Thirty percent of services were also directed towards Community Members.



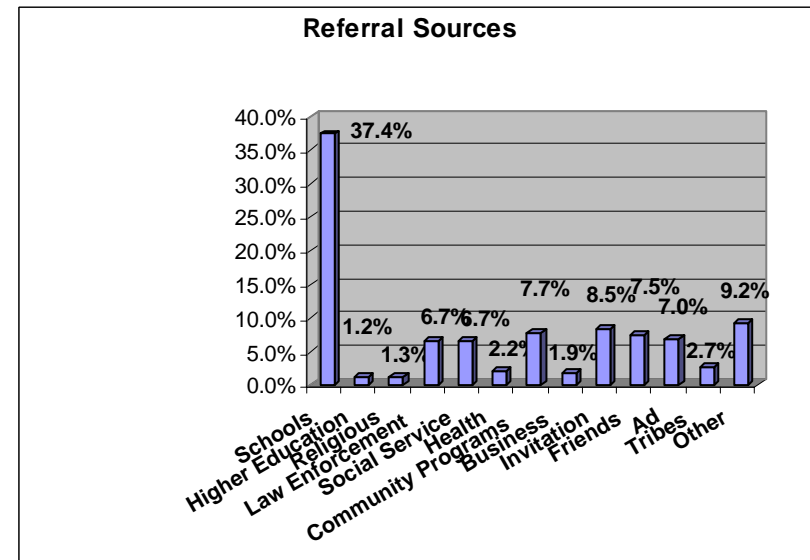
## Age of Program Participants

Children and youth up to the age of 18 years old made up 46.9 percent of the participants, while adults 19 years old and older accounted for 53.1 percent of the participants.



## Referral Sources

Schools by far provided the greatest number of referrals to Community Mobilization programs (37.4 percent).



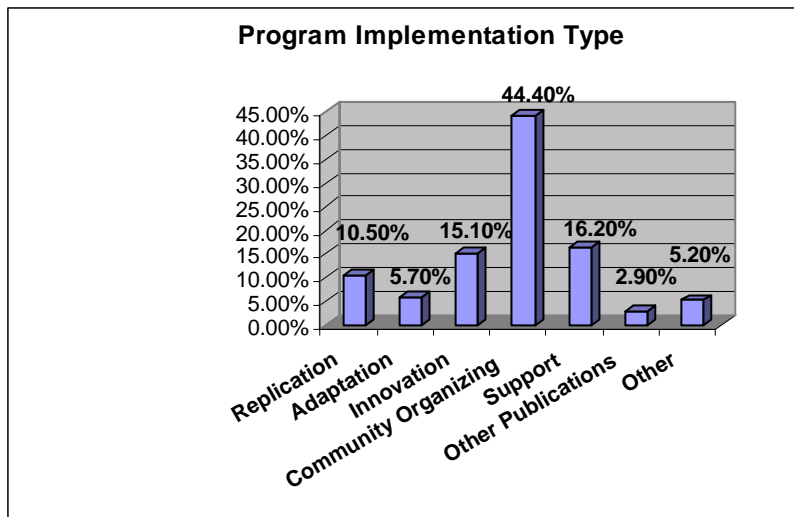


## Media Outreach

Community Mobilization Program Activity Report respondent estimated that 2,292,378 people were exposed to Community Mobilization media campaigns in fiscal year 2004-2005 (compared to 2,024,984 in 2003-2004), and 502,319 pieces of substance abuse and violence prevention literature were distributed, compared to 864,186 pieces the previous year.

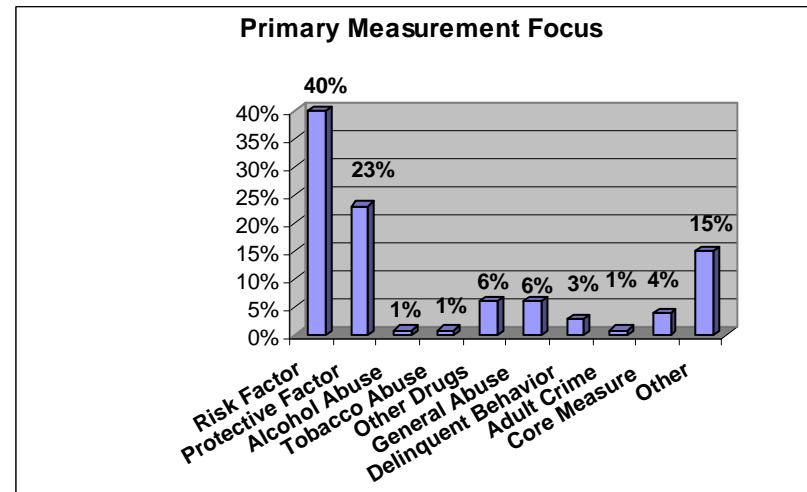
## Program Implementation Type

The Program Activity Reports list seven types of program implementation types. Out of 543 Community Mobilization programs implemented locally in Washington State during 2004-2005, Community Organizing was the most common type of program type, accounting for 44.4 percent of program activity. Replication of Best or Promising Practices increased to 10.5 percent of the total programs, compared to 7.0 percent the previous year.



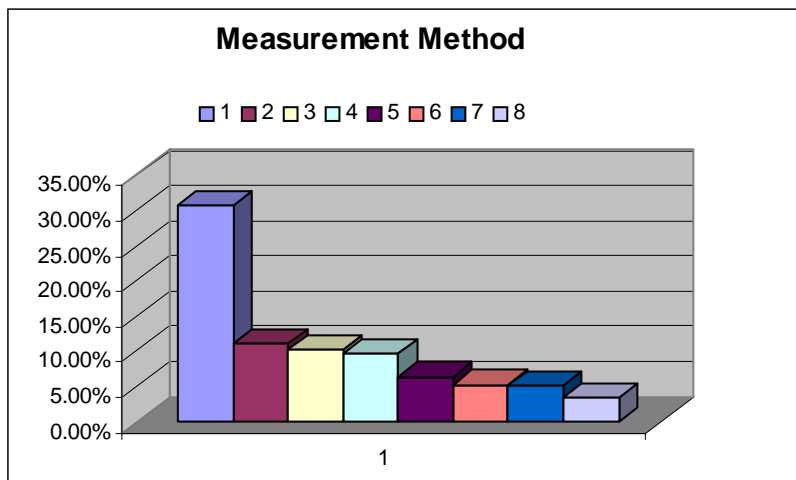
## Measurement Focus

The Program Activity Reports listed 13 primary measurement foci. The ten most significant measurement foci appear in the chart below, with risk and protective factors being the measurement focus of 63 percent of the Program Activity Reports.



## Measurement Method

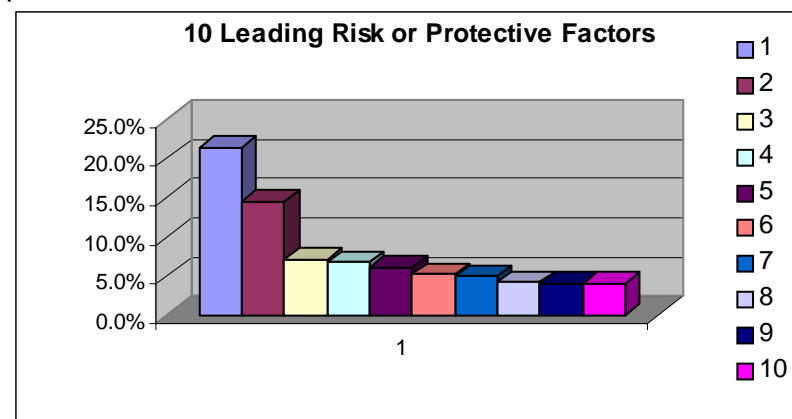
The Program Activity Reports asked how Community Mobilization program activity was measured. Out of 24 categories of program measurement on the Program Activity Reports, eight were most frequently chosen, with Program Documentation being most popular.



1. Program Documentation: 30.6%
2. Youth Survey Developed by Program, Multiple Topics: 11.0%
3. Coalition Assessment Tool: 10.3%
4. Survey Developed by Program, Single/Limited Topics: 9.8%
5. Participant Satisfaction Tool: 6.4%
6. Standardized Youth Survey, Multiple Topics (Communities That Care® Youth Survey): 5.3%
7. Focus Group/Key Informant Findings 5.2%
8. Adult Survey Developed by Program, Multiple Topics 3.5%

## Primary Risk and Protective Factors

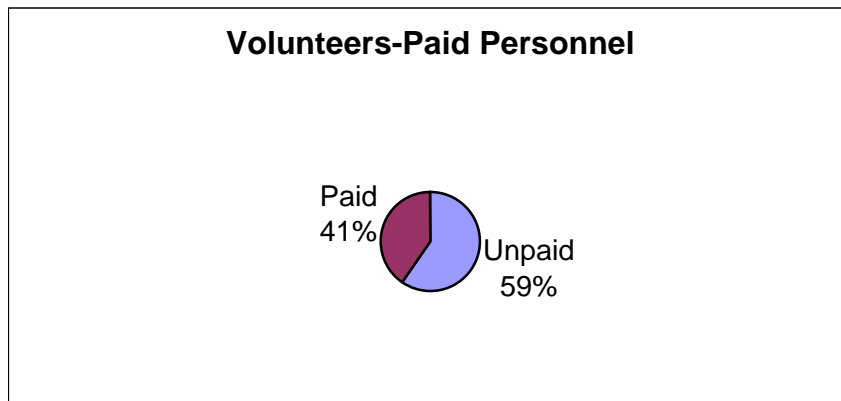
In analyzing data from the fiscal year 2004-2005 Program Activity Reports, 78.7 percent of Community Mobilization programs chose 10 of 29 factors as the primary risk and protective factors.



1. Community laws and norms favorable to drug use, firearms, and crimes: 21.4%
2. Organizing activities: 14.5%
3. Bonding (Community Domain) 7.2%
4. Bonding (Individual/Peer Domain): 6.8%
5. Healthy Beliefs and Clear Standards (Community Domain): 6.1%
6. Low Neighborhood Attachment and Community Disorganization: 5.3%
7. Early Initiation of the Problem Behavior: 5.0%
8. Support Activities: 4.2%
9. Healthy Beliefs and Clear Standards (Individual/Peer Domain) **tied with** 4.1%
10. Availability of Drugs 4.1%

### Community Mobilization Local Volunteer Base

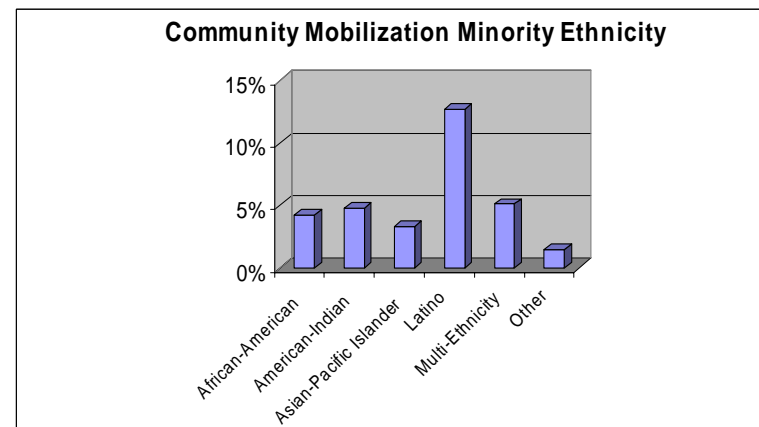
Community Mobilization programs show a strong local volunteer base. There were 21,315 volunteers and personnel who provided services and assisted with 30,559 Community Mobilization program sessions. Paid personnel provided 40.7 percent of the total labor, while unpaid volunteers provided 59.3 percent of the labor, translating to about 12,640 people volunteering across the state.



### OUTCOME EVALUATION

The Community Mobilization Against Substance Abuse and Violence program was established in 1989 by the Washington State Legislature to address the issues of substance abuse, violence, and related social ills by helping people organize for prevention within their local communities. Established within the Washington State Department of Community, Trade, and Economic Development, Community Mobilization is funded to ensure a statewide presence. The program has significant reach:

- During 2005, Community Mobilization programs in all 39 counties of the state served 354,382 people, **101,937 more people** than the previous year.
- 21,315 people conducted 30,559 program sessions, with **unpaid volunteers providing 59.3 percent of the total labor**.
- **Ethnic minorities made up 31.6 percent** of program participants.
- **Latinos accounted for 12.7 percent** of all participants.



### The Foundation of Community Mobilization's Outcome Evaluation Efforts

Community Mobilization uses an approach to prevention called *Communities That Care®*, developed by University of Washington social work faculty members J. David Hawkins, Richard Catalano, et al. According to Hawkins and Catalano, prevention programs can be broken down into four domains: community, school, family, and individual/peer. An essential part of *Communities That Care®* involves local communities mobilizing for prevention.

The Department of Community, Trade, and Economic Development, and the Community Mobilization Program, specifically, are interested in discovering evaluation tools that are effective in evaluating community organizing, tools that evaluate program implementation, and tools that can evaluate the great variety of Community Mobilization programs within Hawkins and Catalano's four domains.

### **FISCAL YEAR 2004 – 2005 OUTCOME EVALUATION**

During fiscal year 2004-2005, Community Mobilization used five tools to evaluate community organizing, program implementation, and program outcomes.

1. The Community Mobilization Scorecard, originally developed by the Center for Substance Abuse Prevention, and amended with two items from the King County Coalition Assessment Tool, was used to evaluate community organizing.
2. The Program Activity Report form, developed jointly by Community Mobilization and the Division of Alcohol Substance Abuse between 1997 and 2004, and by Community Mobilization alone since 2004, was used to evaluate program implementation.
3. The Family Tension Scale, developed by Susan G. O'Leary of the Department of Psychology at the State University of New York at Stony Brook, was used to measure programs in the family domain.
4. The Individual Domain Survey, the School Domain Survey, and the Community Domain Survey, all using subscales from the "Item-Construct Dictionary for the Student Survey of Risk and Protective Factors and Prevalence of Alcohol, Tobacco and Other Drugs," developed by Pollard, Lofquist, and Bates (associates

of Hawkins and Catalano), were used to measure programs in the individual domain.

5. Finally, qualitative methods in the form of focus group evaluations were used to evaluate community organizing and programs in the school and community domains.

### **Community Mobilization Scorecard**

Although some counties continue to struggle with developing broad-based citizen participation, overall, Community Mobilization is good at organizing communities and preparing communities for involvement in prevention activities.

In fiscal year 2004-2005, two of the three highest ranked items from the 19-item Community Scorecard survey were the same as the highest-ranked items the previous two years:

- The mobilization effort has behind-the-scenes support.
- Participants have the organizational know-how to mobilize the community.

Each item on the Scorecard is scored on a zero to four-point scale, and the maximum possible score on the Scorecard is 76 points (20 points for Sense of Community, 24 points for Mobilization Capacity, 24 points for Readiness for Focused Action, and eight points for Conflict Resolution). One-hundred percent on the survey equals a perfect score, 75 percent means good, and 50 percent, fair. In 2004 -2005, the average score was 62.7 points or 82.6 percent of the maximum score.

### Qualitative Evaluations: Focus Group Reports

During 2004-2005, 15 county-level Community Mobilization programs completed focus group evaluations. Each county used their focus group evaluations as a management tool to analyze the successes, challenges, and shortcomings of their programs:

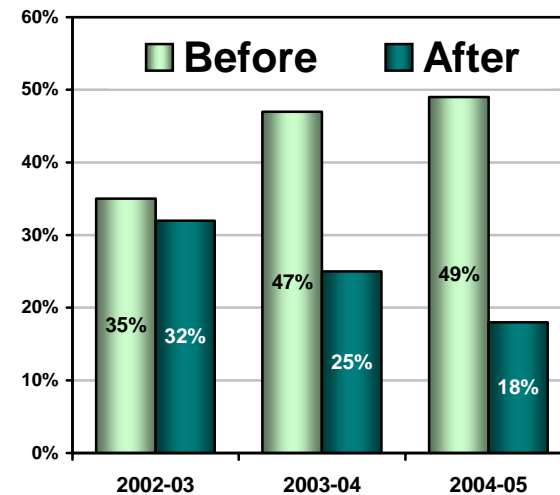
- All 15 focus groups reported successes in preventing substance abuse and/or violence.
- Fourteen of the 15 reports successfully discussed challenges and shortcomings of their programs; one county required technical assistance by the state program evaluator to complete the analysis of the challenges and shortcomings of its program.

Focus group evaluations have proven to be useful management tools and reflect programmatic success for reducing substance abuse and violence. Training and technical assistance continues to enhance the quality of the focus group reports.

### Community Mobilization Quantitative Program Surveys, 2002-2005

During the past three years the Community Mobilization Program has used Pretest-Posttest surveys to analyze program outcomes on the local and statewide level. Three of the surveys suggest that Community Mobilization programs have had excellent to promising outcomes.

1. The Family Tension Survey has been used for three years. Survey analysis suggests that program outcomes have been excellent for the past two years.



### REDUCTION IN FAMILY TENSION

2. The Individual Domain Survey also has been used for three years. Survey analysis suggests that program outcomes were excellent in 2004, and good in 2005.
3. The School Domain Survey was used for the first time in 2004-2005, and survey analysis indicates that programs in this domain had promising results.

For more information, see *Community Mobilization Against Substance Abuse and Violence: Outcomes and Evaluation Tools, 2004-2005*.<sup>25</sup>

<sup>25</sup> Daniel M. Amos, *Community Mobilization Against Substance Abuse and Violence: Outcomes and Evaluation Tools, 2004-2005*, March 2006.

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## LOCAL PROGRAM SUMMARIES OVERVIEW

### INTRODUCTION

Authorized by RCW 43.270 as a statewide effort, **Community Mobilization** is unique in that it organizes local communities to address the problems of substance abuse and violence. Community Mobilization assists community members in Washington's 39 counties to create and sustain healthy, safe, and economically viable communities, free from alcohol, tobacco and other drug abuse and violence.

### How Community Mobilization is Funded

A total of \$3.1 million funded Community Mobilization

**In 2004-2005 Community Mobilization served a total of 182,621 unduplicated individuals. Thirty-six percent of all participants were youth ages 10-18.**

in all 39 Washington counties during 2004-2005. Of this total, \$1.7 million came from the state's Violence Reduction and Drug Enforcement (VRDE) account and \$1.4 million came from the federal Safe and Drug-Free Schools and Communities grant.

**Community Mobilization uses *The Communities That Care*® risk and protective factor model**, a best practices model that provides research-based tools to assist communities in designing effective efforts to promote the positive development of children and youth and prevent adolescent substance abuse, delinquency, teen pregnancy, school dropout, and violence.

*The Communities That Care*® model is:

- **Inclusive:** It engages all parts of the community.
- **Proactive:** It identifies and addresses priorities *before* people are involved in the problem behaviors.
- **Based on rigorous research:** It comes from a variety of fields (sociology, psychology, education, public health, criminology, medicine, and organizational development).
- **Community-specific:** It adapts to the uniqueness of each community, not a "cookie-cutter" approach.

### Community Mobilization Reduces Crime and Substance Abuse

- **ASOTIN:** The *Safe Policy* program meets monthly to accept referrals of high-risk youth likely to have Juvenile Court contact without intervention. Individualized plans are designed for each youth with minimal or no cost to the family. Only two percent of the 97 youth receiving *Safe Policy* services entered the Asotin County Juvenile Court system during 2004-2005.

- **GARFIELD:** There continued to be a decrease in Minor in Possession violations issued by law enforcement following drug and alcohol prevention efforts in the County.

**For every dollar spent on drug abuse prevention, communities can save four to five dollars in costs for drug abuse treatment and counseling (NIDA 1997).**

- **KING:** Youth recidivism was reduced by 96 percent with youth participating in *Juvenile Intervention* projects.

### Community Mobilization Improves Safety and Well-Being

- **COLUMBIA:** *Summer Youth Program* – Seventy percent of parents surveyed felt their child's understanding of responsibility, respect, fairness, and trustworthiness increased.
- **KITSAP:** *Olympic High School Peer Mediation Program* – Of students who participated in 21 mediations through the program, 95 percent reported that their conflicts were successfully resolved.
- **SNOHOMISH:** *Arlington Respect Summit* – Ninety-five percent of summit participants indicated they had an increased awareness of harassment, intimidation, bullying, and racism as a result of their participation.

### Community Mobilization Improves Academic Performance

- **BENTON-FRANKLIN:** *5<sup>th</sup> Grade Friendship Challenge* – Seventy-six percent of 600 participating students (456) felt more connected to their school, an increased protective factor.
- **KLICKITAT:** *Klickitat After School Program* – Geographically isolated youth gained enriching life skills and experiences. Participants reported seven percent more interest in school, seven percent more school bonding, and a one percent increase in school attendance.

### Community Mobilization Supports Healthy Families

- **COWLITZ:** Sixty percent of parents in *Strengthening Families 10-14* programs reported high family tension before the program while only ten percent reported high family tension after the program. Fifty-one percent of youth surveyed in the same programs reported improved family involvement and family harmony and 65 percent of parents surveyed reported positive change in daily routines and in their ability to manage and control their temper.
- **ISLAND:** Using the family domain survey, 50 percent of *Developing Capable Young People* parenting class participants reported high family tension at the beginning of the class; and only 14 percent reported high family tension after the class. One-hundred percent of participants in parenting classes were able to model and teach effective communication after attending the classes.
- **LEWIS:** *Violence Education and Outreach* – Fifty percent of program participants reported a decrease in family tension using the Family Tension pre- and post-scale.

A sampling survey of Community Mobilization programs in ten counties found that for every \$5 in state Community Mobilization grant funds, Community Mobilization was able to raise \$20 in additional funds: \$9 in cash, and \$11 in-kind match.



# COMMUNITY MOBILIZATION

Washington State  
2004-2005

## Community Mobilization Contact

Susie Roberts, Program Supervisor  
Community Mobilization  
Phone: (360) 725-3035  
[susier@cted.wa.gov](mailto:susier@cted.wa.gov)

## Overview

The Community Mobilization Against Substance Abuse and Violence program was established in 1989 by the Washington State Legislature to address substance abuse and violence by helping people organize their local communities for prevention. Established within the Local Government Division of the Washington State Department of Community, Trade and Economic Development, Community Mobilization ensures a statewide prevention presence.

## Community Partners/Service Providers

- County Governments
- State Agencies: Division of Alcohol and Substance Abuse/DSHS; Department of Health; Office of Superintendent of Public Instruction; Family Policy Council
- Schools and School Districts
- Law Enforcement
- Community Health and Safety Networks
- Family Resource Centers
- Health Departments
- WSU Extension/4-H Youth Development
- Treatment Agencies
- Tribes
- Faith Community
- Community Members
- Volunteers

## Program Outcomes

- ♦ The *Community Mobilization Scorecard* is used to measure Community Mobilization's community organizing efforts. The statewide average contractor score was 82.6 out of 100 percent. The highest rated items were mobilization capacity (84%); sense of community (83%); readiness for focused action (81%); and conflict resolution (81%).
- ♦ Fifteen county programs used *focus groups* to evaluate program effectiveness. Focus group participants felt their programs reduced substance abuse and violence and increased protective factors, including attachment to school and community.
- ♦ Fourteen counties implemented eight different types of family programs and used the *Family Tension Measure* to measure outcomes. Community Mobilization-sponsored family programs were effective in reducing family tension, a variable strongly associated with substance abuse and violence.



## Program Highlights

- ♦ Statewide, Community Mobilization implemented: 29 best practices, 6 promising practices, 48 innovative programs, 23 parenting programs, 9 mentoring programs, 6 violence prevention programs, 24 out-of-school programs, 5 reducing underage drinking programs, and 7 minority-specific programs.
- ♦ Community Mobilization served 182,621 unduplicated individuals, as well as 171,761 individuals at large events.
- ♦ Community Mobilization leveraged \$2.4 million in match funds.

### Number of People Served

- |                          |         |
|--------------------------|---------|
| • Prevention Programs    | 182,621 |
| • Large Community Events | 171,761 |

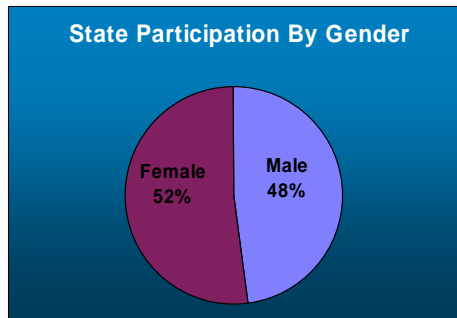
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|-------------------------------------|--------|
| Prevention Program Sessions         | 30,559 |
| Hours Spent in Community Organizing | 51,917 |
| Direct Service Hours                | 79,439 |

### Leveraging

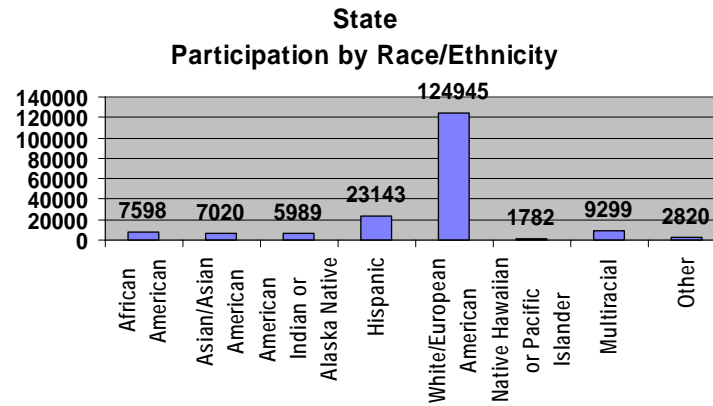
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| • In-Kind Support (value) | \$2,436,579 |
| • Volunteer Hours         | 12,245      |

## Participant Demographics

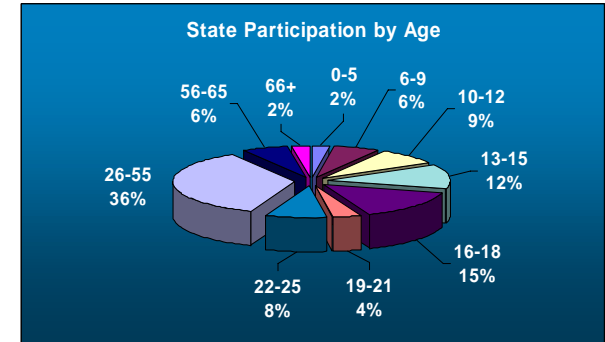
### Gender



### Race



### Age



## Program Information

### Program Name

- 🏆 Communities That Care®
- 🏆 Strengthening Families
- 😊 Teen Mentor Program
- 😊 Challenge and Ropes Courses
- 🏠 Meth Action Team

### Risk/Protective Factors

- Community Norms Favorable toward Drug Use and Violence, Availability of Drugs
- Family Management Problems, Family Conflict
- Bonding (Opportunities, Skills, Recognition), Healthy Beliefs and Clear Standards, Early Initiation of the Problem Behavior
- Bonding (Opportunities, Skills, Recognition)
- Availability of Drugs

## Meth Action Team

Thirty-seven Community Mobilization contractors covering the entire state of Washington co-convened Meth Action Teams in their counties with the county Sheriff. Unduplicated participants totaled 61,239 with an additional 34,811 attending large events. Media efforts reached 785,911 individuals and 117,218 pieces of literature were distributed. The number of meth labs was reduced 40 percent from 2004 to 2005. Meth Action Team efforts included public awareness/education, retailer education, Meth Watch presentations, and development of drug-endangered children protocols.

# ADAMS COUNTY

2004 - 2005

## Community Mobilization Contact

Edie Borgman, Community Mobilization Coordinator/  
Prevention Specialist  
Community Counseling Services of Adams County  
Phone: (509) 488-4074  
[edieb@co.adams.wa.us](mailto:edieb@co.adams.wa.us)

## Overview

Our mission is to collaborate with others within our county to contribute to the reduction of substance use and abuse and violence in Adams County. The Collaborative Needs Assessment that we conducted prioritized early initiation of substance abuse. Community Mobilization funding supported a portion of the Prevention Specialist's position, as well as provided the Enhanced DARE Program in four communities in our rural county.

## Community Partners/Service Providers

- Law Enforcement (Adams County Sheriff's Office, and the Othello and Ritzville Police Departments)
- Adams County School Districts (Othello, Ritzville, Lind, and Washtucna)
- Chemical Dependency and Mental Health Services – Community Counseling Services of Adams County
- Othello Housing Authority
- Adams County Health Department
- Students Against Destructive Decisions (SADD)
- Adams County Community Network (ACCN)
- Educational Service Districts (101 and 123)
- Lions Club
- New Hope Center (Domestic Violence and Sexual Assault)
- The faith community

## Program Outcomes

- ♦ The results of the **Community Mobilization** Scorecard, used to evaluate the Community Mobilization Board, continued to be consistent and positive: 98 percent (74.2 out of 76).
- ♦ 212 participants in the **Enhanced Drug Abuse Resistance Education (DARE) Program** who participated in both the pre- and post-test Individual Domain Survey reported 20, 19, and 15 percent less rebellious responses to the questions: *"I do the opposite of what people tell me, just to get them mad;"* *"I ignore the rules that get in my way;"* and *"I like to see how much I can get away with"* as a result of the program.



## Program Highlights

- ♦ The Individual Domain Survey for Adams County is a significant portion of the statewide survey that is administered.
- ♦ Of the 234 participants in the **Enhanced Drug Abuse Resistance Education (DARE) Program** who took the pre-test survey, 212 took the post-test survey.

### Number of People Served

- |                          |       |
|--------------------------|-------|
| • Prevention Programs    | 1,327 |
| • Large Community Events | 593   |

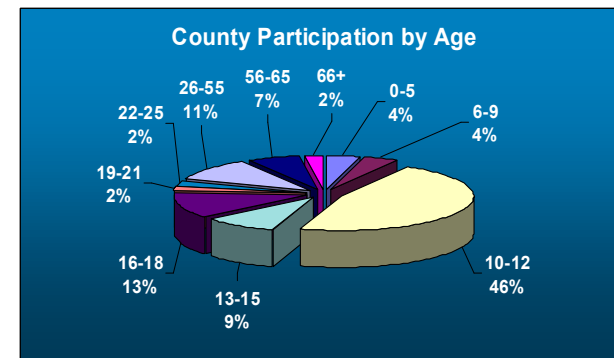
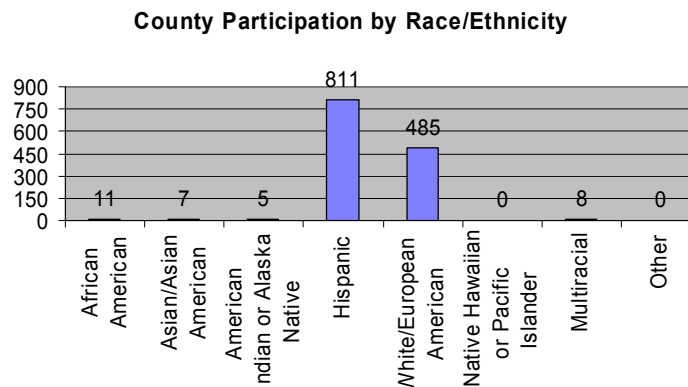
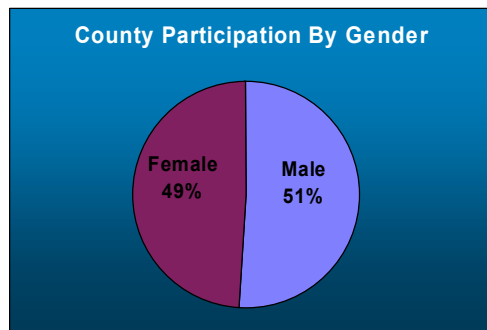
Prevention Program Sessions	109
-----------------------------	-----

Direct Service Hours	170
----------------------	-----

### Leveraging

- |                           |         |
|---------------------------|---------|
| • In-Kind Support (value) | \$6,307 |
|---------------------------|---------|

## Participant Demographics



## Program Information

### Program Name

- Community Mobilization
- Meth Action Team
- Enhanced DARE

### Risk/Protective Factors

- Early Initiation of the Problem Behavior, Perceived Availability of Drugs; and Opportunities for Pro-Social Involvement
- Community Organizing and Support Activities
- Early Initiation of the Problem Behavior; and Opportunities for Pro-Social Involvement

## Meth Action Team

The Meth Action Team in Adams County had a very broad representation including prevention, treatment, law enforcement, schools, emergency response personnel, fire fighters, judicial/prosecuting attorney, agricultural personnel, and other community members. The Meth Action Team decided how best to use the funds that were available to address the issue of Meth in our county. The two greatest concerns around this substance were theft of precursor chemicals and dumping of waste in our rural isolated areas.

# ASOTIN COUNTY

2004 – 2005

## Community Mobilization Contact

Carrie Gurgel, Prevention Specialist  
Asotin County Prevention Project  
Phone: (509) 758-3181  
cgurgel@qwest.net

## Overview

Asotin County Community Mobilization is committed to an ongoing process of planning, inclusive relationships, and cooperative partnerships that achieve our visions. In addition to meth awareness activities, 2004-05 programs included: SAFE POLICY (that served 97 high risk youth); six Neighborhood Block Parties that focused on connecting neighbors and raising awareness of drug activity (reaching over 450 persons); Strengthening Families, a best practice parenting program; and two Senior Parent Projects.

## Community Partners/Service Providers

- Asotin County Citizens—sponsors of Neighborhood Block Parties
- Asotin County Health District
- Asotin County Law and Justice Committee
- Asotin County Prevention Pay\$
- Asotin County Sheriff's Department
- Asotin/Anatone School District
- Asset Services—Doug and Kathy Renggli
- City of Clarkston Fire and Police Departments
- Clarkston School District
- SAFE POLICY—Ruth Wilkenson Cannon
- Washington State Meth Initiative

## Program Outcomes

- ♦ **Strengthening Families**, a nationally recognized, science based, best practices program, is shown to improve family communication and help youth resist peer pressure and substance abuse. Three of the four survey measures showed positive change as rated by participants.
- ♦ **SAFE POLICY** meets monthly to accept referrals of high risk youth likely to have Juvenile Court contact without intervention. Individualized plans are designed for each youth with minimal or no cost to the family. Only two percent of the 97 youth receiving **SAFE POLICY** services entered the Asotin County Juvenile Court system during the last year.



## Program Highlights

- ♦ There were six **Neighborhood Block Parties** attended by 472 people, from babies to senior citizens, that incorporated 250 hours donated by local citizens who planned and hosted the events.
- ♦ In two neighborhoods, focus group participants felt that persons involved in drug activity actually left the neighborhoods as a result of the block parties.

### Number of People Served

- |                          |     |
|--------------------------|-----|
| • Prevention Programs    | 744 |
| • Large Community Events | 392 |

Prevention Program Sessions	179
-----------------------------	-----

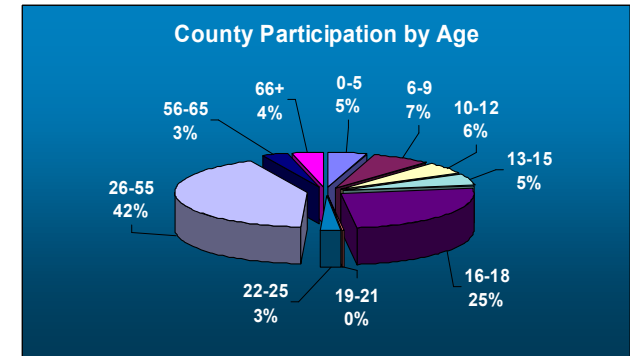
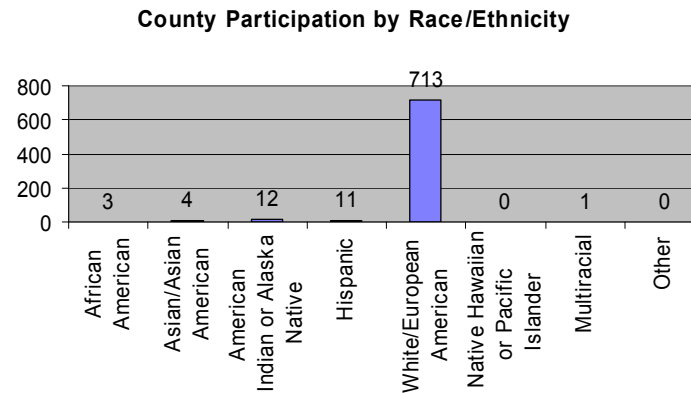
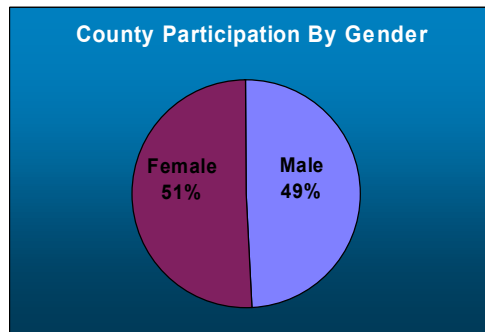
Hours Spent in Community Organizing	4,515
-------------------------------------	-------

Direct Service Hours	679
----------------------	-----

### Leveraging

- |                           |          |
|---------------------------|----------|
| • In-Kind Support (value) | \$15,079 |
| • Number of Volunteers    | 215      |

## Participant Demographics



## Program Information

### Program Name

- Strengthening Families
- Neighborhood Block Parties
- SAFE POLICY
- Parent Senior Graduation Project

### Risk/Protective Factors

- Family Management Problems
- Favorable Attitudes Toward Problem Behaviors; Low Neighborhood Attachment and Community Disorganization
- Individual And Problem Behaviors; Family Management Problems
- Individual; Favorable Attitudes Toward Problem Behaviors

## Meth Action Team

The Asotin County Meth Action Team approved local projects that were funded with Meth Initiative Funds. These funds supported: Neighborhood Block Parties; Youth Meth Media Contest; training 10 individuals in the *Meth Watch* Program; support for team members to attend relevant meetings; and funds to purchase materials for distribution at public events such as *Block Parties* and *National Night Out*.

# BENTON AND FRANKLIN COUNTIES

2004 – 2005

## Community Mobilization Contact

Peggy Haecker, Executive Director  
Benton-Franklin Substance Abuse Coalition (BFSAC)  
Phone: (509) 783-3180  
phaecker@uci.net

## Overview

BFSAC BRIDGES COMMUNITIES THROUGH PREVENTION: By partnering, awareness, and education, 278 community members were mobilized to create and sustain healthy, safe communities by reducing substance abuse and related problems through collaboration, communication, cooperation, commitment and cultural sensitivity. The focus is to reduce Risk Factors of:

- 1) Community laws and norms favorable toward drug use, and
- 2) Early initiation of problem behaviors.

BFSAC's many activities and programs provide Protective Factors of: 1) Healthy beliefs and clear standards, 2) Bonding, and 3) Skills, opportunities and recognition.

## Community Partners/Service Providers

- DUI/Traffic Safety Task Force
- Benton-Franklin County Juvenile Justice Center
- Benton-Franklin Department of Human Service
- Educational Service District 123
- Catholic Family and Child Services and Bethany Worship Center
- Kennewick Parks and Recreation
- Benton-Franklin Health Department
- Benton and Franklin Family Drug Courts and CPS
- Benton and Franklin Adult Drug Courts
- Benton and Franklin Juvenile Drug Courts
- Benton and Franklin School Districts (multiple)
- All Law Enforcement Agencies

## Program Outcomes

- ♦ **5<sup>th</sup> Grade Friendship Challenge:** 76 percent of 600 participating students felt more connected to their school, an increased protective factor.
- ♦ **5<sup>th</sup> Grade Friendship Challenge:** Clear standards increased by 87 percent for completing students.
- ♦ **5<sup>th</sup> Grade Friendship Challenge:** The number of disciplinary write-ups on the playgrounds decreased by 7.8 percent between 2003 and 2005.



## Program Highlights

- ♦ **5<sup>th</sup> Grade Friendship Challenge Program:** 600 participants learned about teamwork, communication, problem solving, trust, and consequences of their decisions.
- ♦ **BFSAC Drug Sound System:** 3,915 youth learned to develop socialization skills without the use of alcohol or other drugs through school-based drug- and alcohol-free events and dances.
- ♦ **PLADD (People Learning About Destructive Decisions) Coalition:** Produced an interactive CD ROM (What's a Life Worth?) for youth 14 – 18 years of age.

### Number of People Served

- Prevention Programs 4,717
- Large Community Events 46,979

Prevention Program Sessions 281

Hours Spent in Community Organizing 2,887

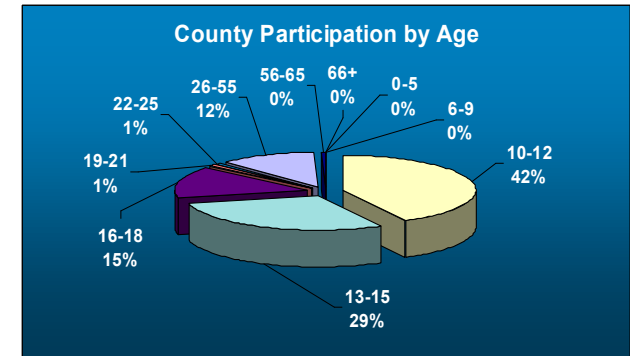
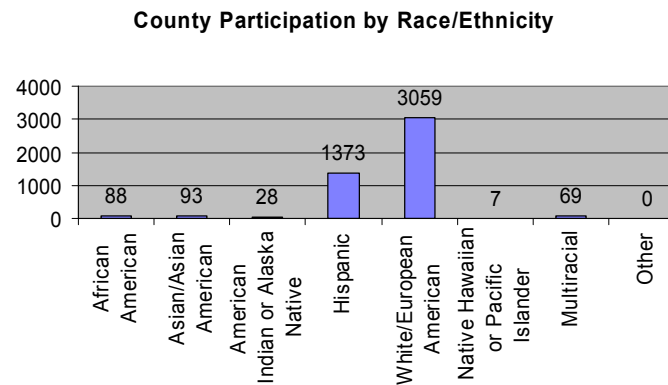
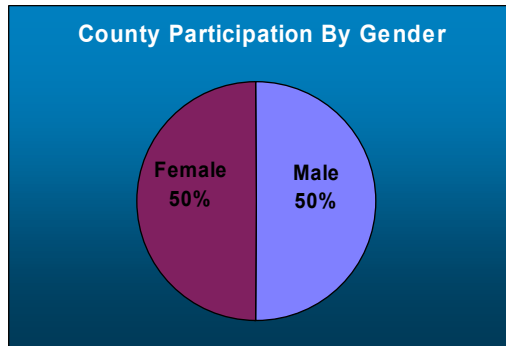
Direct Service Hours 967

### Leveraging

- In-Kind Support (value) \$95,672
- Number of Volunteers 97






## Participant Demographics



## Program Information

### Program Name

-  Drug Courts (Juvenile, Adult, Family)
-  Kids Safe Saturday
-  Columbia Challenge Ropes Course

### Risk/Protective Factors

- Healthy Beliefs and Clear Standards
- Early Initiation of Problem Behaviors, Community Laws and Norms
- Healthy Beliefs and Clear Standards, Skills, Opportunities, and Recognition

## Meth Action Team

Eleven meetings were held with a broad-based community group strategizing for retailer education and involvement in the Meth Action Team (MAT). Forty-seven new retailers became involved during the Retailer's Breakfast held August 2005. Within two weeks of the Retailers' Breakfast, law enforcement reported that sales of meth precursor products by attending retailers dropped by more than 50%.



# CHELAN-DOUGLAS COUNTIES

2004-2005

## Community Mobilization Contact

Reneé Hunter, Executive Director  
Chelan-Douglas TOGETHER! for Drug-Free Youth  
Phone: (509) 662-7201  
[together@nwi.net](mailto:together@nwi.net)

## Overview

Chelan-Douglas TOGETHER! for Drug-Free Youth's mission is to organize and educate communities about the risk/protective factors associated with youth substance abuse and violence; and to facilitate the development of comprehensive, risk-focused strategies and programs for local communities based on the 2003 – 2005 collaborative needs assessment results for Chelan-Douglas Counties. During 2004 - 2005, strategies and programs were provided to strengthen collaboration among 18 communities and to reduce the overall level of alcohol, tobacco, and other drug abuse among youth.

## Community Partners/Service Providers

- The Center for Alcohol and Drug Treatment (DASA)
- Washington State Liquor Control Board
- Chelan-Douglas Sheriff's Department
- Wenatchee and East Wenatchee Police Departments
- North Central Educational Service District #171
- Chelan-Douglas Health District
- Chelan-Douglas County Commissioners
- Mayors of seven communities
- Superintendents of 10 school districts
- Central Washington Hospital

## Program Outcomes

- ♦ During 2004-2005, 736 youth participated in the **WSU 4-H Challenge Ropes Course**. Results of pre- and post-surveys showed that 80 percent of participants made gains on the 15 indicators measured.
- ♦ Roughly 43 percent of the participants were Caucasian; 37 percent Hispanic; 15 percent mixed; four percent American Indian; and one percent African-American.



## Program Highlights

- ♦ During 2004-2005, maintained 11 community coalitions in Chelan and Douglas Counties, with 430 people served aged 18 – 75.
- ♦ At **Healthy Kids Day**, held in August, over 30 information/resource agencies provided educational materials to low-income families. We served 800 youth—an increase of 300 from 2003.
- ♦ 438 volunteers provided 1500 volunteer hours.

### Number of People Served

- Prevention Programs 5,025
- Large Community Events 1,280

Prevention Program Sessions 267

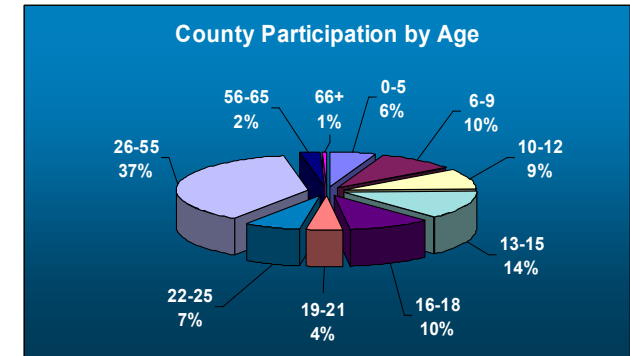
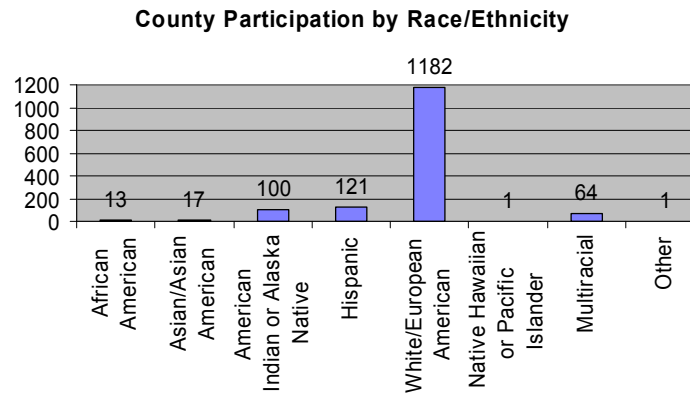
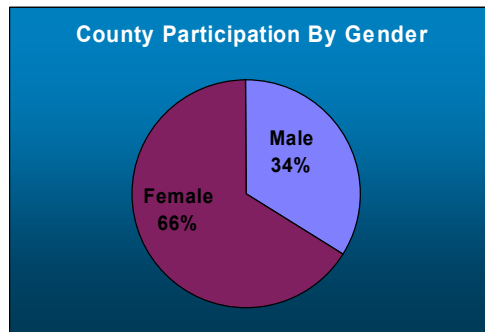
Hours Spent in Community Organizing 666

Direct Service Hours 905

### Leveraging

- In-Kind Support (value) \$21,054
- Number of Volunteers 438

## Participant Demographics



## Program Information

### Program Name

- 🏆 Communities That Care
- ★ 4-H Challenge Rope Course/WSU
- 🏠 Challenge Day

### Risk/Protective Factors

- Community Laws and Norms Favorable Toward Drug Use
- Extreme Economic Deprivation, Bonding
- Bonding

## Meth Action Team

The Chelan-Douglas Counties Meth Action Team maintained the *Meth Watch* retailer education program. *Meth Watch* promotes collaboration between local law enforcement and retail merchants to stem the flow of precursor theft by individuals intent upon manufacturing meth. The Meth Action Team meets monthly with representation from the Chelan-Douglas Health District, Chelan and Douglas Counties Sheriff's Departments, North Central Educational Service District, Central Washington Hospital, Child Protective Services, Department of Corrections, Fisher Radio, and Columbia River Drug Task Force. A meth brochure in Spanish and English was designed and produced by the Chelan-Douglas Meth Task Force. A total of 8,000 copies in English and 3,000 copies in Spanish have been distributed.

# CLALLAM COUNTY

2004 - 2005

## Community Mobilization Contact

Jim Borte, Project Coordinator  
 Clallam County Sheriff's Office, Community Mobilization  
 Phone: (360) 417-2385  
[jborte@co.clallam.wa.us](mailto:jborte@co.clallam.wa.us)

## Overview

Our mission is to work with interested parties to reduce drug abuse and violence in our county. Our goals are to: 1) promote community collaboration on substance abuse and violence issues; 2) provide substance abuse and violence prevention services/programs for at-risk youth; 3) provide support services for families with children at-risk for substance abuse and violence; and 4) provide safe, healthy, and fun social/recreational development programs for youth which promote good decision making.

## Community Partners/Service Providers

- Boys and Girls Club of the Olympic Peninsula
- Clallam County Juvenile and Family Services
- Clallam County Prevention Works! Community Coalition
- Community Meth Action Team
- Concerned Citizens
- First Step Family Support Center
- Healthy Families of Clallam County
- Lutheran Community Services NW
- School Districts (Port Angeles, Quillayute Valley, and Sequim)
- West End Outreach Services

## Program Outcomes

- ♦ Seventy-five percent of participants in the **Family Focus** program reported an increase in family communication skills.
- ♦ Sixty-six percent of parents participating in **The Incredible Years** program reported a decrease in their children's aggression and behavior problems.
- ♦ Eighty percent of parents involved in the **Parents Who Care** program reported an increase in the pro-social behavior of their children.



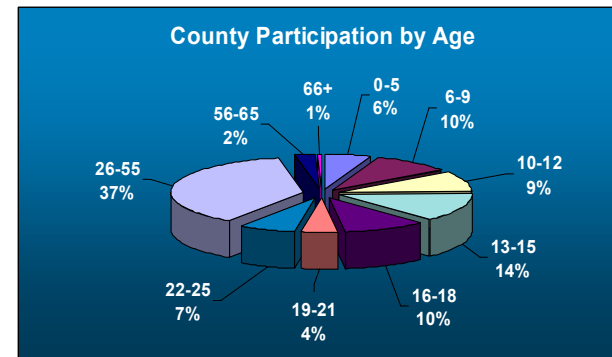
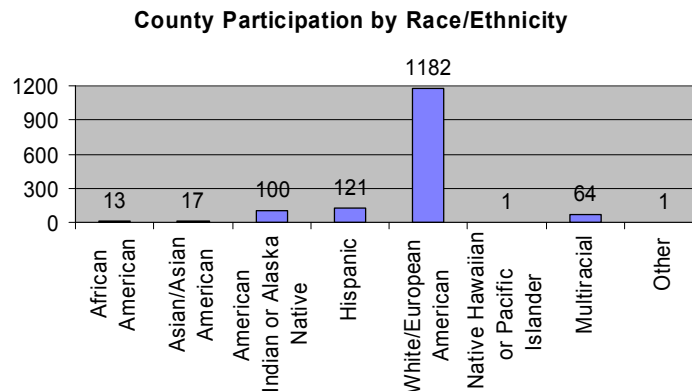
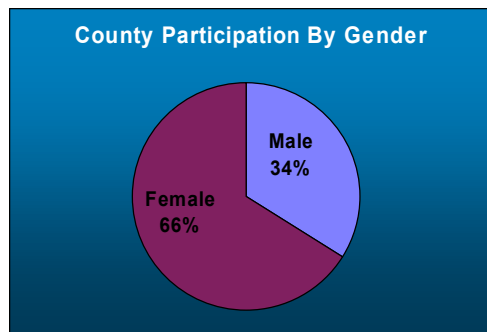
## Program Highlights

- ♦ A parent involved in the **Family Focus** program: "I simply can't thank you enough for what your program did for my family. As a single mother raising three children it is a constant struggle to deal with everything. The support that you gave and the other parents who face the same problems that I have really gave me hope and ways that I could deal with things. My son is now clean and sober. It might never have happened without your help."
- ♦ A 15-year-old who took part in the **SMART Moves** wrote: "Before I started coming here, I really didn't like myself and my life. Now, I understand that I can make good things happen by taking charge and making better choices. I'm doing better in school and making the right kind of friends."

### Number of People Served

• Prevention Programs	1,499
• Large Community Events	762
<b>Prevention Program Sessions</b>	<b>1,127</b>
<b>Hours Spent in Community Organizing</b>	<b>3,568</b>
<b>Direct Service Hours</b>	<b>7,792</b>
<b>Leveraging</b>	
• In-Kind Support (value)	\$22,250
• Number of Volunteers	1,023

## Participant Demographics



## Program Information

### Program Name

- Family Focus
- SMART Moves
- ROCK n' Roll Mentoring Program

### Risk/Protective Factors

- Family Management Problems; Healthy Beliefs and Clear Standards; Bonding to Community and Family through Opportunities, Skills and Recognition
- Early Initiation of Problem Behavior; Family Management Problems; Healthy Beliefs and Clear Standards; Bonding to Community and Family through Opportunities, Skills and Recognition
- Early Initiation of Problem Behavior; Healthy Beliefs and Clear Standards; Bonding to Community and Family through Opportunities, Skills and Recognition

## Meth Action Team

The Community Meth Action Team met four times during the year. The MAT sponsored a *Meth Watch* Train the Trainer (TOT) training for 25 people, a Facilitator Training for the Strengthening Families Program, and a three-day "Social Marketing" class. The MAT sent four members to the Washington State Meth Summit IV and prepared for and hosted a meeting on July 26<sup>th</sup> with Assistant Attorney General Luke Esser (State Senator).

# CLARK COUNTY

2004 - 2005

## Community Mobilization Contact

Pamela Dailey, CM Program Coordinator  
Clark County Department of Community Services  
Phone: (360) 397-2130  
[pamela.dailey@clark.wa.gov](mailto:pamela.dailey@clark.wa.gov)

## Overview

The goal of the Clark County Community Mobilization Program in 2004-2005 was to address three priority risk factors: community attachment/disorganization; family conflict; and commitment to school. The Community Mobilization program used multiple strategies to impact these factors: funding of local programs with an emphasis on evidence-based programming; community organizing; training; and program coordination.

## Community Partners/Service Providers

- Children's Home Society of WA
- Innovative Services NW
- Educational Opportunities for Children and Families of Clark County
- Evergreen School District
- Clark County Prevention Program; Alcohol and Drug Program
- Clark County Sheriff's Department
- Clark County Regional Support Network
- Clark County Community Network
- Clark County Substance Abuse Advisory Board
- Vancouver School District/Fruit Valley School

## Program Outcomes

- ♦ **Strengthening Families** participants reported decreased family tension.
- ♦ Through **Crisis Intervention Training**, the number of law enforcement and treatment staff providing effective crisis intervention services was increased.
- ♦ Increased capacity for family participation in the **Family Resource Center**.
  - Eleven Family Resource Center Family Council members participated in leadership trainings.
  - Four family members were trained to staff center services and participate in community meetings.



## Program Highlights

- ♦ Trained 30 school/community members to facilitate **Strengthening Families (6-12)**; which created a resource pool of local facilitators.
- ♦ Funded a **Strengthening Families Pilot Project** in a school-based setting that partnered school and community.
- ♦ Sent **Family Resource Center** Family Council Members (families) and staff to the Family Support America Conference.

### Number of People Served

- |                          |       |
|--------------------------|-------|
| • Prevention Programs    | 458   |
| • Large Community Events | 2,937 |

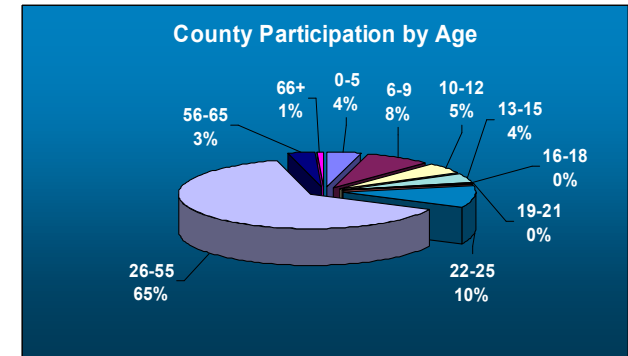
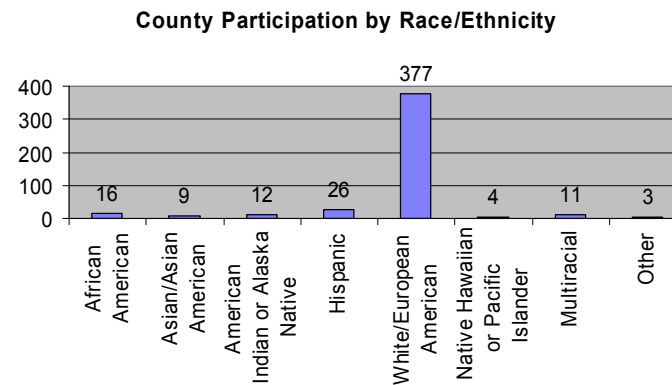
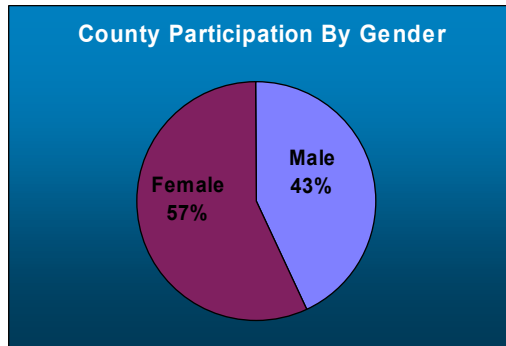
### Prevention Program Sessions

- |                                     |     |
|-------------------------------------|-----|
| Hours Spent in Community Organizing | 620 |
| Direct Service Hours                | 664 |

### Leveraging

- |                           |          |
|---------------------------|----------|
| • In-Kind Support (value) | \$33,437 |
| • Number of Volunteers    | 142      |

## Participant Demographics



## Program Information

### Program Name

🏠 Strengthening Families (6-12)

🏠 Nurturing Program for Families in Treatment and Recovery

🏠 Family Resource Center

### Risk/Protective Factors

Family Conflict

Family Conflict

Low Neighborhood Attachment and Community Disorganization

## Meth Action Team

Clark County's Meth Action Team carried out a number of activities and events over the year including: a Meth Awareness Train-the-Trainer session (44 community members were trained); two meth awareness forums targeting students, school staff, and community members (150 community members attended); a number of Youth Meth Action Team presentations which reached over 2,000 middle and high school students; and developed a Drug Endangered Children Protocol which has been outlined and affirmed by the involved partner agencies.

# COLUMBIA COUNTY

2004 - 2005

## Community Mobilization Contact

Catherine Aaltonen, Preventionist  
Columbia County Substance Abuse Coalition  
Phone: (509) 382-1164  
[Catherine.Aaltonen@bluemtncounseling.org](mailto:Catherine.Aaltonen@bluemtncounseling.org)

## Overview

The Columbia County Substance Abuse Coalition promotes collaborative efforts to prevent and reduce substance abuse and violence. During 2004 -2005, services were provided through a summer youth program, community presentations, and alcohol and tobacco retailer training.

## Community Partners/Service Providers

- Dayton School District
- Columbia County Sheriff's Office
- Tobacco Coalition/Public Health District
- Columbia County Community Network
- Blue Mountain Counseling
- Washington State Liquor Control Agent
- Starbuck School District
- Juvenile Justice Services
- Meth Action Team

## Program Outcomes

- ♦ Children participating in the **Summer Youth Program** showed improvement in their social skills.
- ♦ Seventy percent of parents surveyed felt their child's understanding of responsibility, respect, fairness, and trustworthiness increased.
- ♦ Alcohol and tobacco retailers who attended training reported increased knowledge of laws regarding sales of alcohol and tobacco to underage youth.



## Program Highlights

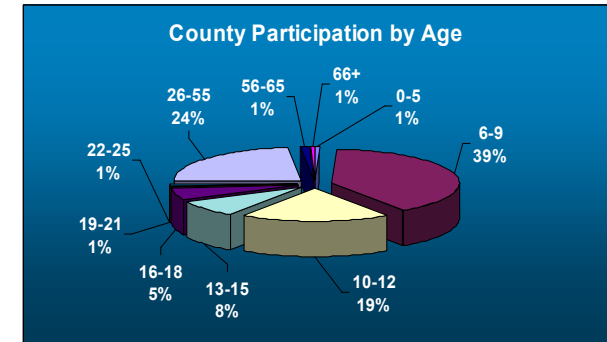
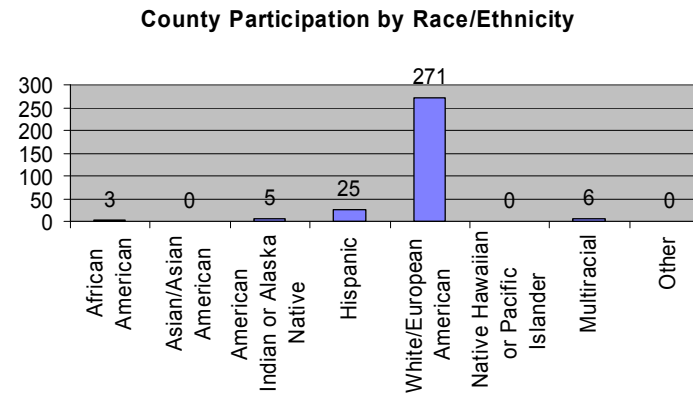
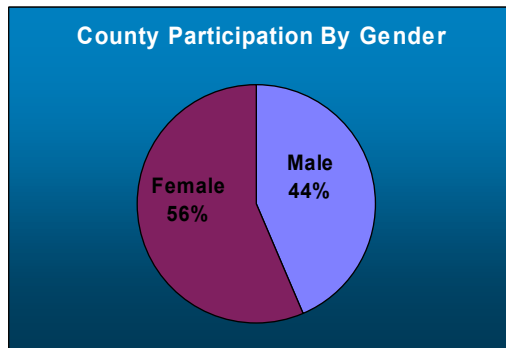
- ♦ Parent of a **Summer Youth Program** participant: "My child made new friends more easily."
- ♦ The **Summer Youth Program** served 60 youth aged 5-10, and employed 12 young adults.
- ♦ Junior High youth formed **S.W.A.T.** (Students Working against Tobacco) to work on community tobacco issues. Through this group's efforts, the Columbia County Fair Board agreed to designate smoking areas at the county fair.
- ♦ An alcohol retailer provided additional training to store clerks.

### Number of People Served

• Prevention Programs	310
Prevention Program Sessions	64
Hours Spent in Community Organizing	110
Direct Service Hours	155
Leveraging	
• In-Kind Support (value)	\$6,479
• Number of Volunteers	60







## Participant Demographics



## Program Information

### Program Name

-  Alcohol, Tobacco, and Retailer Training
-  Summer Youth Program
-  Red Ribbon Week
-  Methamphetamine Presentations

### Risk/Protective Factors

- Availability of Drugs
- Early Initiation of Problem Behavior; Bonding to Pro-Social Adults (including skills, opportunities & recognition)
- Early Initiation of Problem Behavior
- Availability of Drugs

## Meth Action Team

Columbia County Meth Action Team members and the Columbia County Sheriff's Office conducted two meth awareness presentations to students. *Burma Shave* signs were displayed throughout the county with slogans such as, "If thinking of a Meth Lab - Don't give it a thought - Because in this county - You will be caught." The Sheriff's Office sponsored meetings to educate citizens about the dangers of meth and how to identify meth labs and dump sites.



# COWLITZ COUNTY

2004 - 2005

## Community Mobilization Contact

Ramona Leber, Coordinator  
Cowlitz Substance Abuse Coalition  
Phone: (360) 577-3041  
[rlieber@cwco.org](mailto:rlieber@cwco.org)

## Overview

The Cowlitz Substance Abuse Coalition mobilizes Cowlitz County to be healthy and safe by assisting communities in assessing their needs and determining strategies to meet those needs in the areas of substance abuse and violence. This local approach includes prioritizing risk factors; designing strategies in all four domains—community, family, school, and individual/peer; and employing science-based programming, where applicable.

## Community Partners/Service Providers

- City of Longview
- Cowlitz County Human Services
- Cowlitz County Sheriff's Office
- Cowlitz Meth Action Team
- Cowlitz-Wahkiakum Youth Commission
- Drug Abuse Prevention Center
- Faith-based organizations
- Longview Drug-Free Communities
- Individuals in Recovery
- School districts—all six
- Service clubs
- WSU Extension—Cowlitz County

## Program Outcomes

- ♦ Parents in the **Strengthening Families 10-14** Programs reported that high family tension decreased from 60 percent before the program to 10 percent after the program. On a 10-point scale, the mean family tension rate reduced from 6.1 to 3.4. Statistical tests of association indicated highly significant, positive change. Fifty-one percent of youth surveyed in the **Strengthening Families 10-14** programs reported improved family involvement and family harmony. Sixty-five percent of parents surveyed reported positive change in daily routines and their ability to manage and control their temper.
- ♦ **Teen Mentor Program** matches increased from 43 in 2003-2004 to 89 in 2004-2005, with 1,872 direct service hours in 2004-2005.
- ♦ Four students from Kalama Elementary with Teen Mentors had significantly fewer behavior issues in the classroom.



## Program Highlights

- ♦ A parent from the **Strengthening Families Program**: "We struggle with a mixed family; this has meant a lot because I have learned to handle situations. Individually and as a family we have found better things to do. I really appreciate this class."
- ♦ From a teen mentor: "I didn't like little kids before I became a mentor. I did it at first because it looked good on my resume, but once I started doing it, I realized how valuable it was to my mentee and then he became valuable to me."

### Number of People Served

- Prevention Programs 6,330
- Large Community Events 2,622

Prevention Program Sessions 2,215

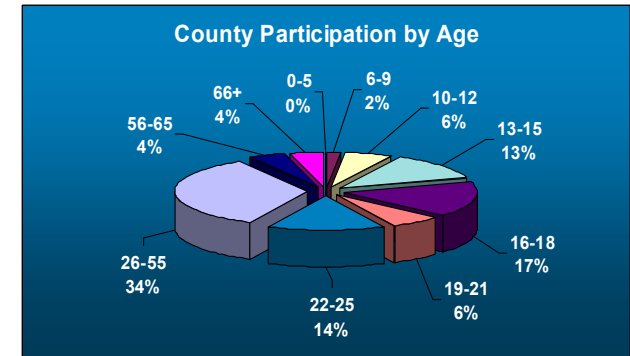
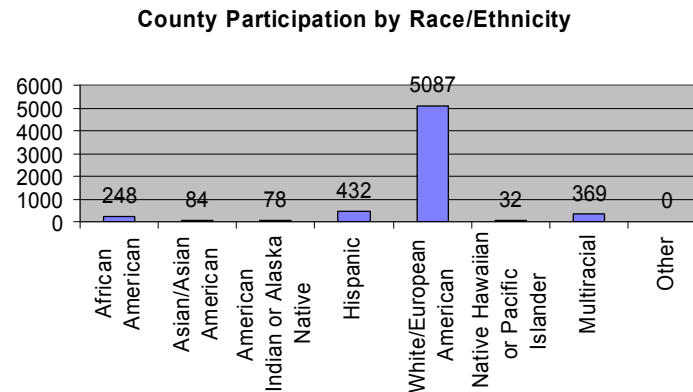
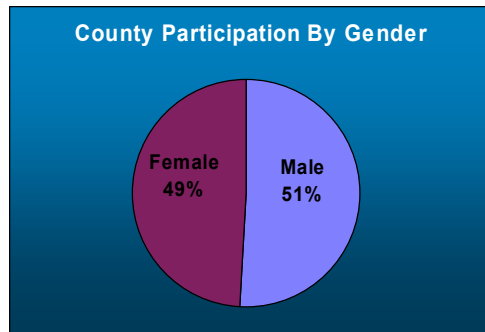
Hours Spent in Community Organizing 3,908

Direct Service Hours 3,379

### Leveraging

- In-Kind Support (value) \$98,768
- Number of Volunteers 498

## Participant Demographics



## Program Information

### Program Name

- 🏠 Strengthening Families 10-14
- 👤 Teen Mentor Program
- 😊 Longview Teen Council
- 🏢 Community/School Policies

### Risk/Protective Factors

- Family History; Family Conflict; Family Management Problems; Favorable Parental Attitudes
- Bonding (Opportunities, Skills, Recognition), Healthy Beliefs and Clear Standards, Early Initiation of the Problem Behavior
- Healthy Beliefs and Clear Standards; Bonding (opportunities, skills, and recognition)
- Community Laws and norms Favorable to Drug Use; Firearms; Crimes; Favorable Parental Attitudes and Involvement in the Problem Behavior; Early Initiation of the Problem Behavior

## Meth Action Team

The Cowlitz Meth Action Team grew to 39 individuals representing a variety of community segments in 2004-2005. With public awareness and education as a major focus, 3,963 individuals received information through public presentations, and 13,810 pieces of literature were distributed. An additional 402 people attended MAT meetings, and 1,602 responded online to a request for input into a comprehensive, countywide meth initiative planning process. The second annual Youth Drug and Alcohol Prevention summit was implemented, with 275 targeted teens from five Cowlitz County school districts attending.

# FERRY COUNTY

2004 - 2005

## Community Mobilization Contact

Barbara Grochowicz, CM Coordinator  
Ferry County Community Mobilization  
Phone: (509) 779-4939  
[irbeach2002@yahoo.com](mailto:irbeach2002@yahoo.com)

## Overview

The Ferry County Community Mobilization Board Members are all volunteers. Our programs are for the youth throughout Ferry County. We focus on reducing problem behaviors by providing positive mentoring and after-school life-skills programs dealing with extreme economic and social deprivation; poor academic achievement; and bonding with peers, school, and the community. We also focus on increasing our collaboration with key leaders in our communities.

## Community Partners/Service Providers

- Curlew School District
- Keller School District
- Republic School District
- Connections, Ferry County Community Services
- Colville Confederated Tribes
- 4-H Leaders Council of Ferry County
- WSU Extension Ferry County
- Youth Dynamics

## Program Outcomes

- ♦ As a result of participation in CM Programs, the majority of participants reported that they:
  - Gained the ability to make good choices.
  - Learned new skills or improved existing skills.
  - Learned to have fun in a healthy environment.
  - Learned to work together in a group.
  - Were able to contribute something positive to their family, group or community.



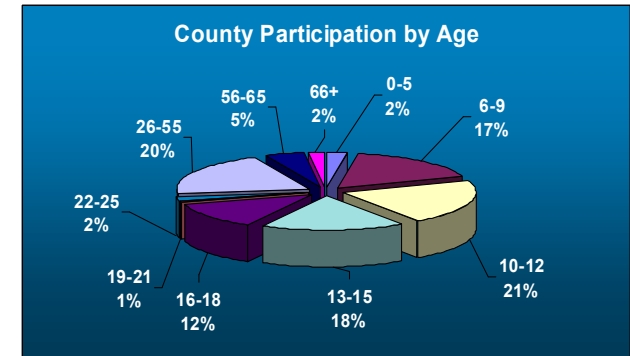
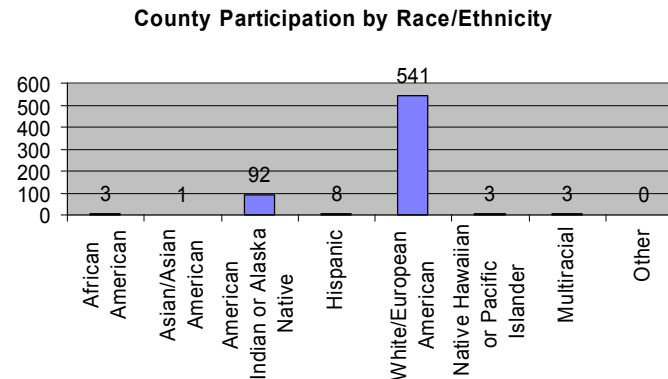
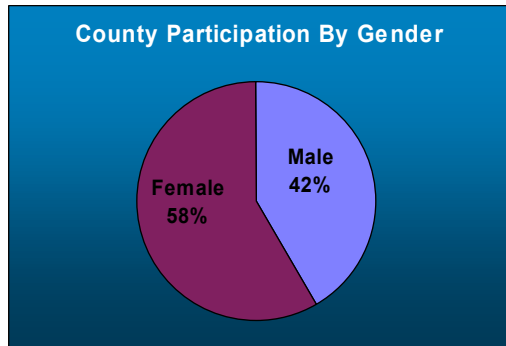
## Program Highlights

- ♦ Parents of our **20/20 Reading** program participants report that it is a positive experience for their family, and their children are enthusiastic about reading and reading time with parents.
- ♦ Board membership increased from 7 to 14 active members.
- ♦ Violence Prevention Programs were added.
- ♦ A Principal reported that since the **Senior-Freshman Mentoring** program has begun, she has seen a decrease in the number of reported bullying incidences.

### Number of People Served

• Prevention Programs	651
Prevention Program Sessions	173
Hours Spent in Community Organizing	435
Direct Service Hours	2,024
Leveraging	
• In-Kind Support (value)	\$17,897
• Number of Volunteers	405

## Participant Demographics



## Program Information

### Program Name

- ☺ 20/20 Reading Club
- ☺ Senior-Freshman Mentoring
- 🏠 Meth Action Team

### Risk/Protective Factors

- Bonding with Peers and School Community; Poor Academic Achievement; Economic and Social Deprivation
- Bonding with Peers and School Community
- Availability of Drugs

## Meth Action Team

### Increased awareness by:

- Facilitating two *Meth Watch* trainings for representatives from the Colville Tribes, Lincoln County, Okanogan County, Ferry County, Inchelium Head Start, Washington State DSHS and DASA, Keller School, Law Enforcement, Youth, Chemical Dependency Treatment, and AmeriCorps.
- Sponsoring two full-page newspaper ads.
- Sponsoring “Kids Day” at the Ferry County Fair and distributing anti-meth information.
- Facilitating meetings around the county to increase community awareness about meth and drug-endangered children.

# GARFIELD COUNTY

2004 - 2005

## Community Mobilization Contact

Katie Magill, Prevention Specialist  
Garfield County Prevention Program  
P. O. Box 758, Pomeroy WA 99347  
Phone: (509) 843-3791  
[kmagill@rogerscounseling.org](mailto:kmagill@rogerscounseling.org)

## Overview

The Garfield County Prevention Program promotes, supports, and educates drug and alcohol prevention in the school, community, and home. During 2004-2005, services were provided through such programs as After School Activities, Community Leadership, Drug-Free Washington Month, 5<sup>th</sup> Quarter Rally, and Strengthening Families (10-14). Community members and their families benefited from many activities that provided quality information on drug and alcohol prevention.

## Community Partners/Service Providers

- Garfield County Sheriff's Department
- Garfield County Health District
- Pomeroy Grade School
- Pomeroy High School
- 21<sup>st</sup> Century Community Learning Center Grant

## Program Outcomes

- ♦ Parents and community members became more aware of drug and alcohol abuse by youth, and gained a more proactive approach to dealing with the problem.
- ♦ Students continued to make better choices when put in high-risk situations.
- ♦ There continued to be a decrease in minor in possession violations issued by law enforcement following drug and alcohol prevention efforts in the county.

Joel Brantley  
Drug Free WA Month

Three R's—  
Respect  
Responsibility  
Rock n' roll -



## Program Highlights

- ♦ For **Drug-Free Washington Month** Joel Brantley brought his Three 'R's (Respect, Responsibility, and Rock n' Roll) presentation to the elementary students. His effective use of music to relay his message really seemed to reach the students.
- ♦ The **5<sup>th</sup> Quarter Rally** program had another great year. It continued to provide high school students with positive, alternative activities during high-risk situations, such as prom night.

### Number of People Served

- |                          |       |
|--------------------------|-------|
| • Prevention Programs    | 1,771 |
| • Large Community Events | 2,483 |

### Prevention Program Sessions

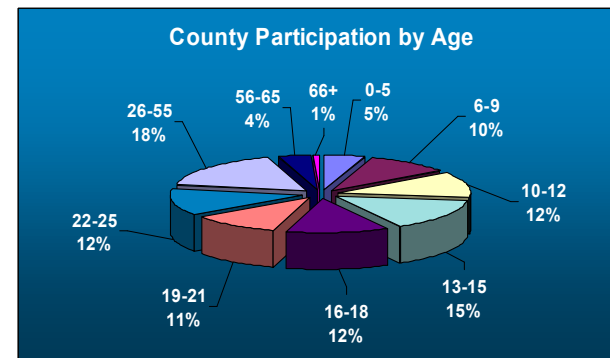
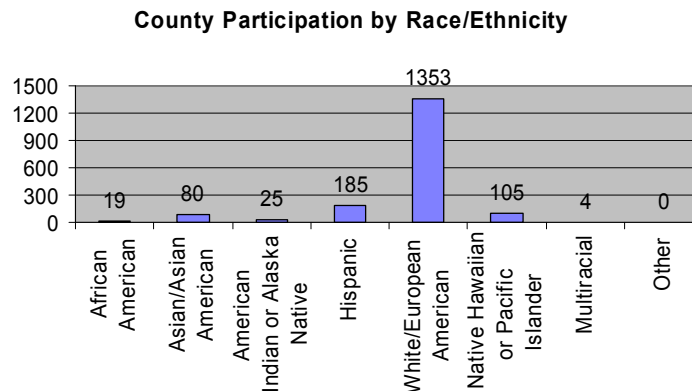
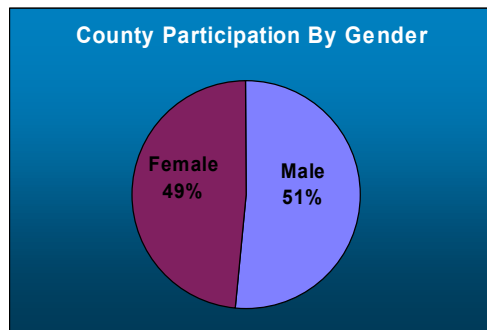
Hours Spent in Community Organizing	23
-------------------------------------	----

Direct Service Hours	174
----------------------	-----

### Leveraging




- |                           |         |
|---------------------------|---------|
| • In-Kind Support (value) | 123     |
| • Number of Volunteers    | \$9,830 |
|                           | 111     |

## Participant Demographics



## Program Information

### Program Name

-  Strengthening Families
-  5<sup>th</sup> Quarter Rally
-  Drug-Free WA Month

### Risk/Protective Factors

- Alienation/Rebelliousness
- Favorable Attitudes Toward the Problem Behavior; and Favorable Parental Attitudes and Involvement in the Behavior.
- Favorable Attitudes Toward the Problem Behavior; and Favorable Parental Attitudes and Involvement in the Behavior.

## Meth Action Team

The Community Health and Prevention Advisory Board is our Meth Action Team in Garfield County. During 2004-2005 the Board focused its community efforts in the fight against meth toward supporting local law enforcement. As a result, the Garfield County Sheriff's department successfully executed two meth lab/manufacture busts, which contributed to increased community awareness and to the community's willingness to help eliminate their own meth drug problem.

# GRANT COUNTY

2004 - 2005

## Community Mobilization Contact

Wendy Hanover, Prevention Specialist  
Grant County Prevention and Recovery Center  
Phone: (509) 765-5402  
[whanover@co.grant.wa.us](mailto:whanover@co.grant.wa.us)

## Overview

Grant County Community Mobilization promotes the development of an effective healthcare delivery system to effectively prevent alcohol, tobacco, other drug use, and violence. Grant County is committed to implementing effective, research-based programs that reduce youth, family, and community risk factors for substance abuse and violence.

## Community Partners/Service Providers

- Grant County School Districts
- Grant County Meth Action Team
- Grant County Health District
- Community Members
- Volunteers

## Program Outcomes

- ♦ Eighty-four percent of participants at the **Latino Youth Conference** reported gaining new useful knowledge.
- ♦ Sixty-three percent of **Latino Youth Mentor Program** participants improved their grades in at least one subject area.
- ♦ Teacher surveys concerning the **Latino Youth Mentor Program** indicated that 68 percent of participants showed improvement in coming to school ready to learn.



## Program Highlights

- ♦ A third year of funding was leveraged in the amount of \$53,000 to implement a comprehensive program, including one-to-one mentoring, **All Stars**, and **Strengthening Families**, for 27 middle school Latino youth.
- ♦ Community Mobilization (CM) staff coordinated a **Latino Youth Conference** for 160 (6<sup>th</sup> and 7<sup>th</sup> grade) Latino Youth.
- ♦ CM helped coordinate **Strengthening Families** and **All Stars** programs.
- ♦ Thirty-nine local school and organization staff were trained in the *Drug Impairment Training for Educational Professionals*.

### Number of People Served

- |                          |       |
|--------------------------|-------|
| • Prevention Programs    | 243   |
| • Large Community Events | 3,250 |

Prevention Program Sessions	764
-----------------------------	-----

Hours Spent in Community Organizing	409
-------------------------------------	-----

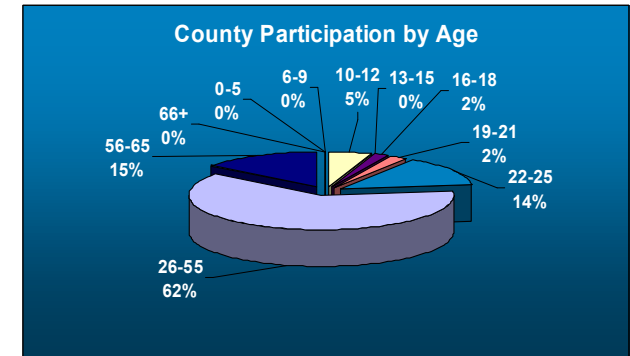
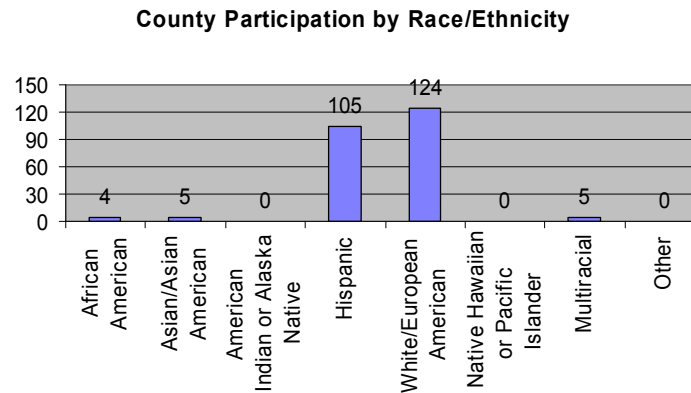
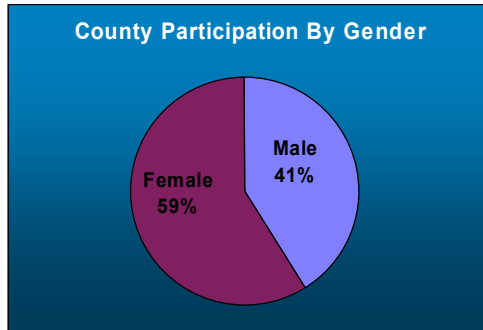
Direct Service Hours	1,627
----------------------	-------

### Leveraging

- |                           |          |
|---------------------------|----------|
| • In-Kind Support (value) | \$20,445 |
| • Number of Volunteers    | 23       |



## Participant Demographics



## Program Information

### Program Name

- 🏠 Strengthening Families
- 🏠 All Stars
- 🏠 Grant County Meth Action Team
- 😊 Latino Youth Mentor Program

### Risk/Protective Factors

- Family Management Problems
- Early Initiation of Drug Use
- Availability of Drugs
- Academic Failure beginning in late elementary school

## Meth Action Team

The Grant County Meth Action Team (MAT) increased community awareness of the dangers of methamphetamine. The MAT developed a cinema ad and posters depicting the dangers of meth; and distributed meth brochures and community resource information.



# GRAYS HARBOR COUNTY

2004 - 2005

## Community Mobilization Contact

Pat Meldrich, Prevention Specialist  
Grays Harbor County Public Health & Social Services  
Phone: (360) 532-8665 Ext 484  
[pmeldrich@co.grays-harbor.wa.us](mailto:pmeldrich@co.grays-harbor.wa.us)

## Overview

The mission of the Grays Harbor County Community Mobilization Services is to collaborate with community partners to effectively promote, improve, and protect the mental and physical health and safety of Grays Harbor County residents in a way that respects the cultures of our community.

## Community Partners/Service Providers

- Grays Harbor County After School Program
- Educational Service District 113
- Grays Harbor County School Districts
- Grays Harbor County Sheriff's Department

## Program Outcomes:

- ♦ **High School Prevention Teams:** Grays Harbor County had a statistically significant positive result on the rebelliousness scale of the Individual Domain Survey from ten percent to 33 percent.



## Program Highlights

- ♦ **Prevention Convention:** Youth from eight schools totaling approximately 146 students attended. Workshops included Impaired Driving (demonstrations using driving simulators), the Grays Harbor County Drug Task Force, Recovery Panels, Traffic Safety, Your Teeth on Meth, Our Drink (Binge Drinking), Tobacco & Secondhand Smoke, Teen Health, and an MIP/DUI Impact Panel.
- ♦ **Nine Grays Harbor County High School Prevention Teams:** Activities on campuses and in the community included Leadership, Impaired Driving, Alcohol and Tobacco Prevention, and Methamphetamine Awareness activities.
- ♦ **Friendly Peersuasion** was an educational program aimed at preventing adolescent substance abuse. There were nine sessions with 18 participant peers educating 60 students.

### Number of People Served

- |                          |     |
|--------------------------|-----|
| • Prevention Programs    | 837 |
| • Large Community Events | 661 |

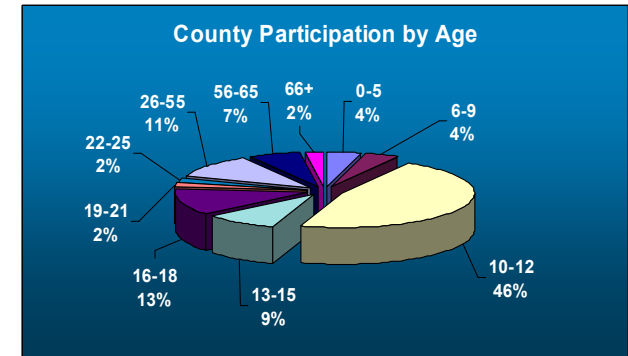
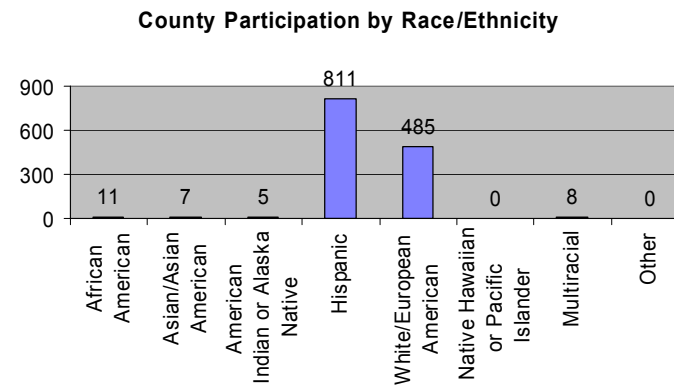
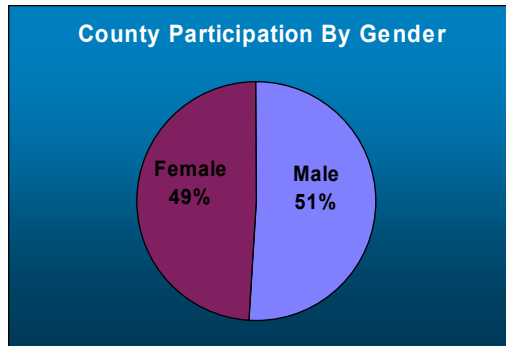
### Prevention Program Sessions

- |                                     |     |
|-------------------------------------|-----|
| Hours Spent in Community Organizing | 400 |
| Direct Service Hours                | 388 |

### Leveraging

- |                           |          |
|---------------------------|----------|
| • In-Kind Support (value) | \$11,660 |
| • Number of Volunteers    | 1        |

## Participant Demographics



## Program Information

### Program Name

- 🏆 Friendly Peersuasion.
- 👤 Meth Action Team
- 😊 High School Prevention Teams

### Risk/Protective Factors

- Healthy Beliefs and Clear Standards
- Availability of Drugs
- Favorable Attitudes towards Problem Behaviors

## Meth Action Team

### Goals:

- ♦ Restrict the availability of ingredients to manufacture methamphetamine.
- ♦ Educate citizens and professionals of the toxic dangers and appropriate response to the identification of methamphetamine labs. Nineteen sessions of Meth Action Team employee trainings were held with 588 people in attendance.
- ♦ Reduce the use of methamphetamines by youth and adults.

# ISLAND COUNTY

2004 – 2005

## Community Mobilization Contact

Holly Morgan, Executive Director  
South Whidbey Youth Center  
Phone: (360) 221-4142  
[hmorgan@swyouth.com](mailto:hmorgan@swyouth.com)

## Overview

The *mission* of Community Mobilization of Island County is to invite youth to engage in challenging, enriching, and creative activities in partnership with peers, adults, and the wider community; to reduce the incidence of unresolved conflict within families and improve communication skills and a sense of cohesion among family members; and to assist youth in developing pro-social relationships with peers and adults in our community.

## Community Partners/Service Providers

- Juvenile Court Services of Island County
- Four Island Co. School Districts/Readiness to Learn
- Family Resource Centers of Island County
- Big Brothers Big Sisters of Island County
- United Way of Island County
- Camano Senior and Community Center
- Friends of Camano State Parks
- Compass Health
- Town of Coupeville
- Whidbey General Hospital
- Washington National Guard/Drug Demand Reduction
- Sno-Isle Regional Library
- Learning Partner program
- Impaired Driving Impact Panel of Island County

## Program Outcomes

- ♦ Using the family domain survey, 50 percent of the **Developing Capable Young People** parenting class participants reported high family tension at the beginning of the class; 14 percent reported high family tension after the class.
- ♦ One hundred percent of participants in parenting classes were able to model and teach effective communication after attending the classes.
- ♦ Students expressed satisfaction with the variety of activities offered nearly every **Friday After School** during the school year.
- ♦ Sixty percent of children polled responded that “good friends” were most important to them. One child stated that good friends were important because “I can trust them.”



## Program Highlights

- ♦ Island County opted to move away from locally based direct service funding and more toward **community organizing**. This enabled the program to build resources and capacity for the future.
- ♦ The program director was awarded the 2005 Linda Lee Martin’s Health Hero of Island County award in recognition of her tireless efforts supporting substance abuse and violence prevention in Island County.

### Number of People Served

- |                          |       |
|--------------------------|-------|
| • Prevention Programs    | 2,021 |
| • Large Community Events | 2,824 |

Prevention Program Sessions	1,074
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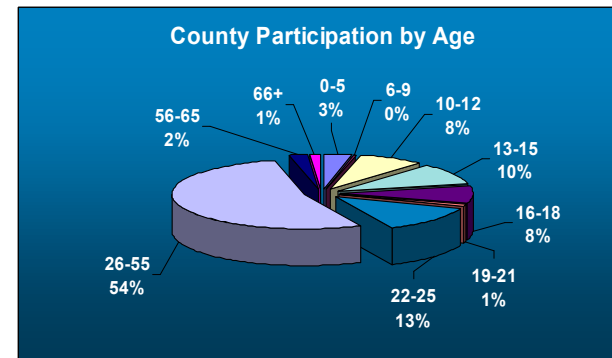
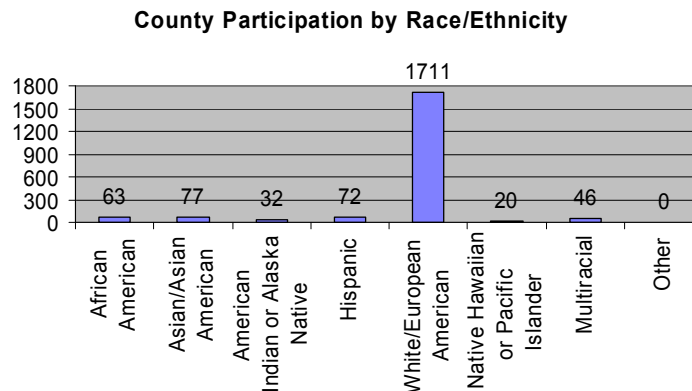
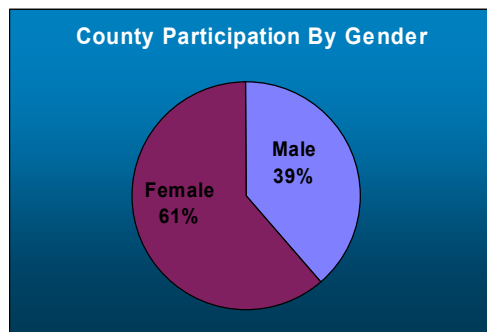
Hours Spent in Community Organizing	2,554
-------------------------------------	-------

Direct Service Hours	6,167
----------------------	-------

### Leveraging

- |                           |          |
|---------------------------|----------|
| • In-Kind Support (value) | \$44,350 |
| • Number of Volunteers    | 167      |

## Participant Demographics



## Program Information

### Program Name

- 🏆 Community Mobilization
- ★ Developing Capable Young People
- ☺ Friday After School

### Risk/Protective Factors

- Favorable Attitude Toward Drug Use
- Family Management Problems
- Community Activities For Pro-social Involvement

## Meth Action Team

The Island County Meth Action Team's priorities during fiscal year 2004-2005 were two-fold. First, led by a small committee of dedicated individuals, the team was guided through a yearlong process, culminating with a Drug Endangered Children Protocol specific to Island County and the first responders therein. Second, the team educated nearly 700 individuals about the dangers and realities of methamphetamine use and production using an Island County-specific PowerPoint presented to service clubs, business organizations, law enforcement, and social service providers.

# JEFFERSON COUNTY

2004 - 2005

## Community Mobilization Contact

Beth Wilmart, Program Manager  
Jefferson County Community Network  
Phone: (360) 379-4495  
[bwilmart@co.jefferson.wa.us](mailto:bwilmart@co.jefferson.wa.us)

## Overview

The Community Mobilization Program is administered through the Jefferson County Community Network. Our focus is on community organizing, operational support to the area's three youth centers, and our Meth Action Team. We convene the Healthy Youth Coalition, which is comprised of more than 150 individuals representing virtually all family and youth-serving agencies, non-profits, and community groups in the county, as well as parents.

## Community Partners/Service Providers

- The Boiler Room
- Tri Area Teen Center
- Quilcene Teen Center
- Jefferson County Public Health
- Jefferson County Parks and Recreation
- Safe Harbor Recovery Center
- Jefferson County Juvenile Services
- Port Townsend Police Department

## Program Outcomes

- ♦ The **Tri-Area Teen Resource Center** saw a 100 percent increase in program utilization after moving to a new location on the grounds of Chimacum Schools.
- ♦ The **Healthy Youth Coalition** endorsed "A Guide to Prevention in Jefferson County" which outlined steps policy makers and program planners may use when evaluating prevention programs. The Guide was implemented in youth-serving agencies throughout the county.



The Boiler Room

## Program Highlights

- ♦ Each community in the county had its own teen center that was reflective of local needs and culture. All three centers maintained a drug-, alcohol- and violence-free environment, and provided activities that supported and encouraged healthy development.
- ♦ The **Healthy Youth Coalition** included more than 150 members, representing virtually all youth-serving agencies, community organizations, and schools in the county, plus parents.

### Number of People Served

- **Prevention Programs** 3,120
- **Large Community Events** 1,366

**Prevention Program Sessions** 1,199

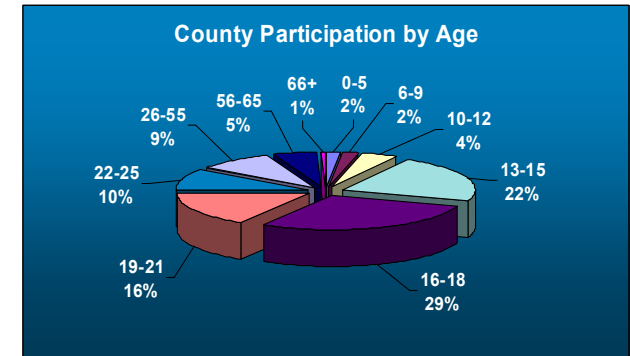
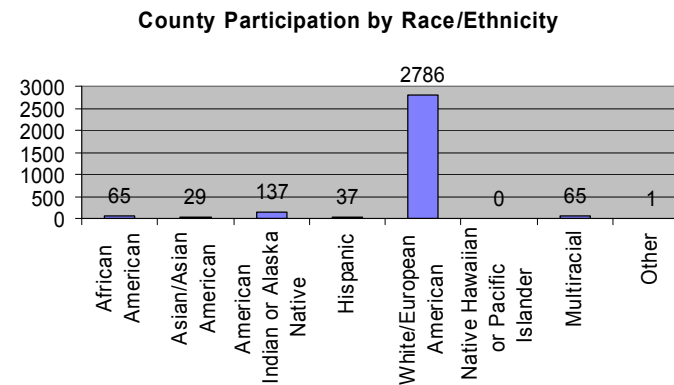
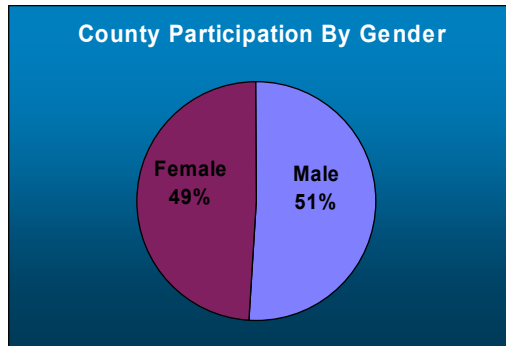
**Hours Spent in Community Organizing** 855

**Direct Service Hours** 6,984

### Leveraging




- **In-Kind Support (value)** \$15,664
- **Number of Volunteers** 234

## Participant Demographics



## Program Information

### Program Name

-  Planning and Implementing Prevention Strategies
-  The Boiler Room
-  Tri-area Teen Center

### Risk/Protective Factors

- Organizing Activities; Support Activities; Community Laws and Norms
- Healthy Beliefs and Clear Standards; Community Laws and Norms; Bonding
- Community Laws & Norms, Healthy Beliefs & Clear Standards, and Early Initiation of Use

## Meth Action Team

The Meth Action Team launched a pilot “Contingency Management” program that offered incentives to parents who were in treatment for Methamphetamine use. Five of the six participants successfully completed the 14-week program by providing clean urine analyses twice a week for the duration of the program. Participants received non-cash incentives that increased in value each week, culminating in a \$100 spa certificate.

# KING COUNTY

2004 - 2005

## Community Mobilization Contact

Laura E. Edwards, Program Coordinator  
King County Community Organizing Program  
Phone: (206) 205-6444  
[Laura.Edwards@metrokc.gov](mailto:Laura.Edwards@metrokc.gov)

## Overview

The King County Community Organizing Program has been implementing an evidence-based proven approach to prevention since 1989. Community Mobilization (CTC: The Communities That Care® Model program) involves citizens of King County in substance abuse and violence prevention. Since 1989 we have worked with more than 345 community coalitions to create safe and healthy young people, families, and communities.

## Community Partners/Service Providers

- King County Sheriff's Office
- King County Public Health: Alcohol and Other Drug Prevention
- King County Mental Health Chemical Abuse and Dependency Services
- Community Health And Safety Networks
- School Districts
- Puget Sound ESD
- United Way
- Youth Service Agencies
- Youth Leadership Coalitions

## Program Outcomes

- ♦ Of the youth participating in our **Juvenile Intervention Projects**, youth recidivism, the rate of returning to the juvenile justice system, was reduced by 96 percent and family tension was reduced by 80 percent.
- ♦ 232 youth and adults attended a Somali community **Cultural and Health Education Night**. One hundred percent of those surveyed felt that their community was a resource to deal with problems of substance abuse and violence.
- ♦ We co-sponsored an event in Bothell with the Bothell Police Department teaching young people about the dangers of drugs and alcohol. At the conclusion of the event, 100 percent of the young people attending reported feeling more comfortable talking to an adult about drug and alcohol issues.

Empowering Youth Everywhere  
(E.Y.E.)



## Program Highlights

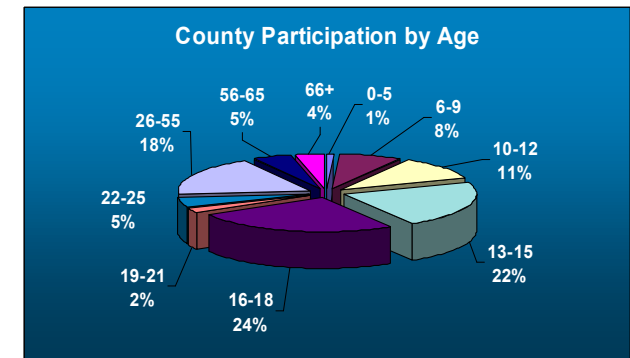
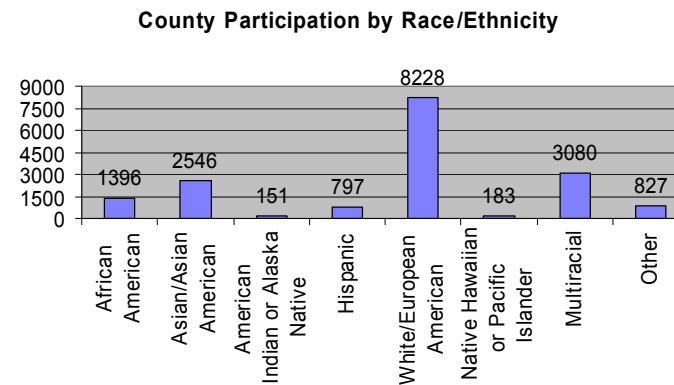
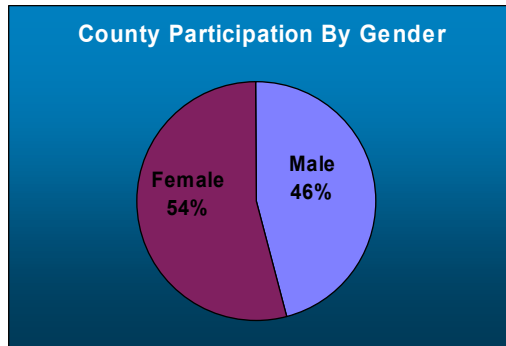
- ♦ Of the 65 community groups our Community Organizers worked with to develop prevention strategies, 83 percent reported an increased problem solving capability and an increased ability to handle drug- and alcohol-related problems.

### Number of People Served

• Prevention Programs	17,208
• Large Community Events	21,070
<b>Prevention Program Sessions</b>	<b>3,535</b>
<b>Hours Spent in Community Organizing</b>	<b>4,114</b>
<b>Direct Service Hours</b>	<b>7,450</b>
<b>Leveraging</b>	
• In-Kind Support (value)	\$245,071
• Number of Volunteers	529



## Participant Demographics



## Program Information

### Program Name

- 🏆 Guiding Good Choices
- 😊 Juvenile Intervention Projects
- 😊 Cultural and Health Education Night

### Risk/Protective Factors

- Family Management Problems, Family Conflict
- Friends Who Use, Early Initiation of the Problem Behavior
- Low Neighborhood Attachment

## Meth Action Team

The King County Meth Action Team had over 60 participating agencies including Law Enforcement, Prevention, Treatment, School Counselors, the National Guard, the Mexican Consulate, the Postal Service, and representatives from Safeway and 7-11 stores. We implemented a Drug Endangered Children Protocol and trained 14 local law enforcement agencies in the use of the protocol. We prepared Backpacks for the children found at Meth Lab sites. The number of Meth Labs in King County declined 22% from the 2003-2004 program year.



# KITSAP COUNTY

2004 - 2005

## Community Mobilization Contact

Mary Ellen de la Pena  
Kitsap County Prevention Services  
Phone: (360) 337-4878  
[medelape@co.kitsap.wa.us](mailto:medelape@co.kitsap.wa.us)

## Overview

Kitsap County Prevention Services works with community members and groups to organize and implement effective community action aimed at the prevention of substance abuse and violence. The three goals for prevention activity, based on the results of the 2003-05 collaborative needs assessment, are to: reduce family conflict; improve academic performance; and reduce the availability of tobacco, alcohol and other drugs.

## Community Partners/Service Providers

- Bainbridge Youth Services
- Dispute Resolution Center of Kitsap County
- Kitsap Community Foundation
- Kitsap County Domestic Violence Task Force
- Kitsap County Juvenile Services
- Kitsap Family YMCA
- Kitsap Recovery Center
- Kitsap Readiness to Learn Program
- North Kitsap School District
- Olympic Educational Service District #114
- Tobacco Free Kitsap County
- YWCA of Kitsap County

## Program Outcomes

- ♦ **Kitsap Youth Mentoring Consortium** is devoted to increasing the number of quality mentoring relationships available to Kitsap area youth. The number of mentoring programs participating in the Consortium doubled from 2003-2004 to 2004-2005, increasing in size from four to eight programs.
- ♦ **Olympic High School Peer Mediation Program:** Of the students that participated in the 21 mediations completed through this newly implemented program, 95 percent reported that their conflicts were successfully resolved.

Annual  
Kitsap  
Youth Mentor Walk



## Program Highlights

- ♦ Over 300 community members attended a picnic celebrating the success of the **Kitsap County Domestic Violence Task Force** in educating the community about and organizing a coordinated response to domestic violence.
- ♦ The **YMCA Teen Late Night Program** received a "Making a Difference Award" from the Kitsap County Chemical Dependency Treatment Providers Association in recognition of its contribution to substance abuse prevention among youth.

### Number of People Served

- |                          |        |
|--------------------------|--------|
| • Prevention Programs    | 38,055 |
| • Large Community Events | 6,260  |

Prevention Program Sessions	360
-----------------------------	-----

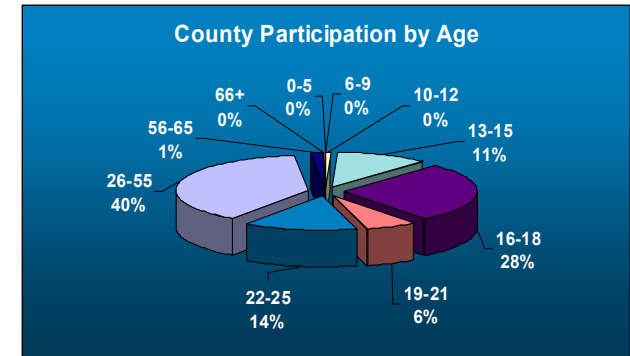
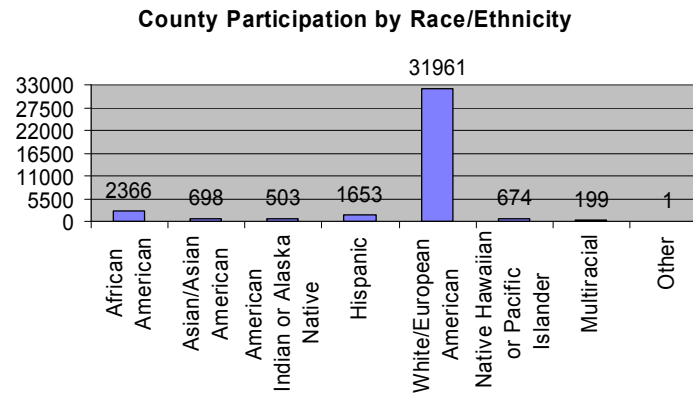
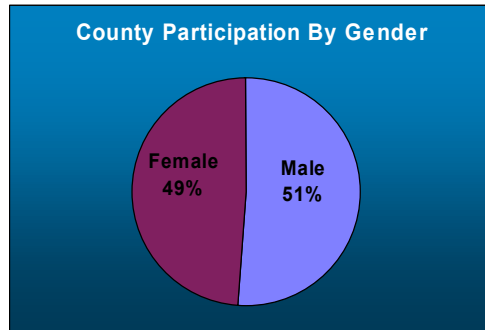
Hours Spent in Community Organizing	1,557
-------------------------------------	-------

Direct Service Hours	2,255
----------------------	-------

### Leveraging





- |                           |          |
|---------------------------|----------|
| • In-Kind Support (value) | \$29,400 |
| • Number of Volunteers    | 174      |

## Participant Demographics



## Program Information

### Program Name

-  Kitsap County Domestic Violence Task Force
-  Kitsap Youth Mentoring Consortium
-  Olympic High School Peer Mediation Program
-  YMCA Teen Late Night Program
-  Bainbridge Island Peer Education Program

### Risk/Protective Factors

- Lack of Community Organization
- Lack of Community Organization
- Lack of Commitment to School
- Friends Who Engage in the Problem Behavior
- Friends Who Engage in the Problem Behavior

## Meth Action Team

The Meth Action Team, a subcommittee of the Kitsap County Drug Interdiction Task Force, was dedicated to the reduction and ultimate eradication of methamphetamine production and use in Kitsap County. In 2004-2005 the Meth Action Team continued to develop key messages for an ongoing community awareness campaign. The new media messages were focused on the efficacy of Drug Court: “Drug Court saves lives and money and makes our community safer.” Three Drug Court public service announcements reached approximately 75,000 viewers.

# KITTITAS COUNTY

2004 - 2005

## Community Mobilization Contact

Melanie Hopkins, Coordinator  
Kittitas County Community Network  
Phone: (509) 962-9775  
[hopkinsm@elltel.net](mailto:hopkinsm@elltel.net)

## Overview

The Kittitas County Community Mobilization Board identifies and assesses the needs of children, youth and families in an ongoing process and maintains a plan to address those needs. During 2004-2005, the Community Mobilization Board worked toward providing services to prevent substance abuse and violence by addressing the following risk factors: Community - Availability of Drugs, Healthy Beliefs and Clear Standards; Family - Family Management Problems; Peer - Favorable Attitudes Toward the Problem Behavior.

## Community Partners/Service Providers

- Youth
- Law Enforcement Agencies (Cities of Kittitas; Ellensburg; Cle Elum/Roslyn/South Cle Elum; Kittitas County Sheriff; Washington State Patrol; CWU Police Department)
- Kittitas County Health Department
- Kittitas County Public Works
- Kittitas Valley Community Hospital
- Ellensburg Youth Center
- Community Members and Retailers
- Kittitas County Juvenile Probation
- Kittitas County School Districts

## Program Outcomes

- ♦ Families who participated in the **Strengthening Families** Program self-reported a 39 percent decrease in family tension upon completion of the Program. Due to the success of this piloted program in 2004-2005, next year it will be offered to families in the county twice per year.
- ♦ Since 2003 the **DUI Task Force** has shown a 40 percent increase in law enforcement agencies regularly participating in DUI emphasis campaigns. This was an effort to educate the public and enforce driving violations for alcohol or drug impairment.



## Program Highlights

- ♦ More than 300 individuals attended a **Meth Forum** in Upper Kittitas County; and on-going support and community discussions took place to assist the community as they addressed this issue.
- ♦ The Kittitas County Community Mobilization/Community Network/**Traffic Safety Program** was awarded an Enforcing Under-age Drinking Laws grant beginning in October 2005. This grant will implement a multi-agency approach toward addressing under-age drinking.

### Number of People Served

- |                          |       |
|--------------------------|-------|
| • Prevention Programs    | 261   |
| • Large Community Events | 2,096 |

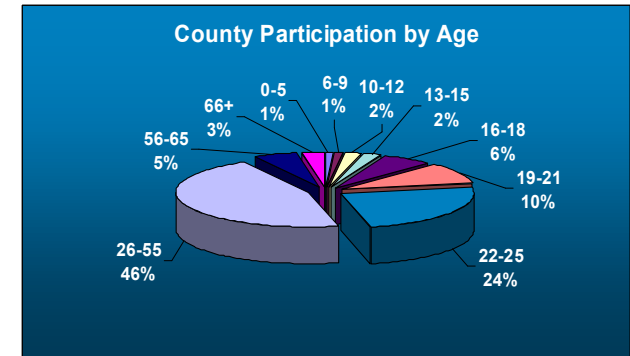
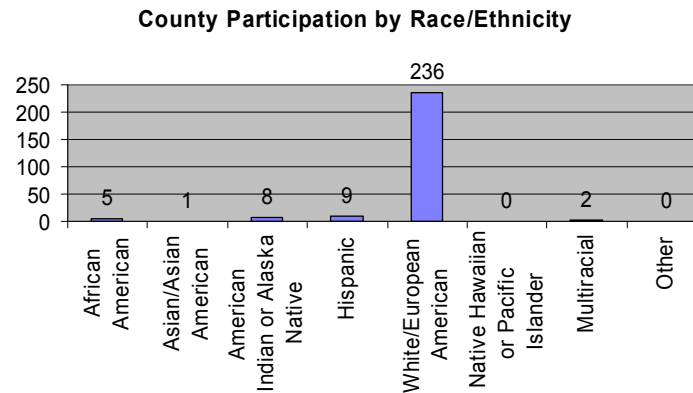
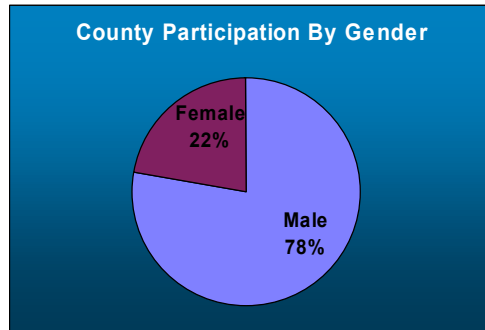
### Prevention Program Sessions

Direct Service Hours	2,632
----------------------	-------

### Leveraging




- |                           |          |
|---------------------------|----------|
| • In-Kind Support (value) | \$56,123 |
| • Number of Volunteers    | 88       |

## Participant Demographics



## Program Information

### Program Name

-  Strengthening Families Program (ages 10 – 14)
-  DUI Emphasis Patrols
-  Campus & Community Coalition to reduce under-age and high-risk drinking

### Risk/Protective Factors

- Family Management Problems
- Organizing Activities, Availability of Drugs, Involvement in the Problem Behavior
- Community Laws and Norms

## Meth Action Team

The Kittitas County Methamphetamine Action Team continued to offer the *Meth Watch* retailer education program in both Upper and Lower Kittitas County communities. The goal was to increase partnerships between retailers and countywide law enforcement in deterring the sale and theft of precursor ingredients for meth manufacturing. The Meth Action Team held two community forums to increase awareness of the manufacture, distribution, and use of meth in both Upper and Lower Kittitas County communities.

# Klickitat County

2004 - 2005

## Community Mobilization Contact

Deidre Duffy, Prevention Specialist/  
Community Mobilization Coordinator  
Klickitat County Health Department  
Phone: (509) 493-1927  
[deidred@co.klickitat.wa.us](mailto:deidred@co.klickitat.wa.us)

## Overview

Mission Statement: The Klickitat County Community Mobilization Board will increase countywide awareness of the prevalence of violence and substance abuse and dependency and its effects on children, adolescents, individuals, families, and communities; identify related needs, and develop programs to meet those needs; foster increased support and financial assistance from county and citizenry; and collaborate with the Program Coordinator in maximizing prevention activities.

## Community Partners/Service Providers

- Comprehensive Mental Health/Dependency Health Services
- Klickitat County Juvenile Probation Department
- Klickitat County Department of Social and Health Services
- Law Enforcement (Goldendale and White Salmon Police Department; Klickitat County Sheriff's Department)
- Mid Columbia Children's Council
- Klickitat County Adult Probation Services
- ESD 112 and all Klickitat County school districts
- Local Churches (including Lyle Celebration Center and Mount Adams Minstrel Association)
- Board of County Commissioners and Prosecuting Attorney
- Mothers Against Meth (MAMA)
- Klickitat County Health Department.

## Program Outcomes

- ♦ **Girls Group:** Middle School girls learned tools for dealing with difficult life situations through weekly-facilitated discussion groups.
- ♦ **Klickitat After School Program:** Geographically isolated youth gained enriching life skills and experiences through an after school program. Using the School Domain survey to measure the outcomes, participants reported an average of 7.05 percent more interest in school, 6.77 percent more school bonding, and about a one percent increase in school attendance after participation in this program.
- ♦ **Project PLAY:** Parents increased their sense of community and activated their role as primary educators of their children through weekly early childhood play groups.



## Program Highlights

- ♦ When a girl in the **Girls Group** shared about a recent rape, she experienced a lot of support from her peers, not only during Girls Group but also during school time.
- ♦ **Parents** involved in **Project Play** group were so enthusiastic and empowered about the project that they initiated discussion about seeking alternative funding for more Project Play opportunities.

### Number of People Served

- |                          |       |
|--------------------------|-------|
| • Prevention Programs    | 632   |
| • Large Community Events | 1,036 |

### Prevention Program Sessions

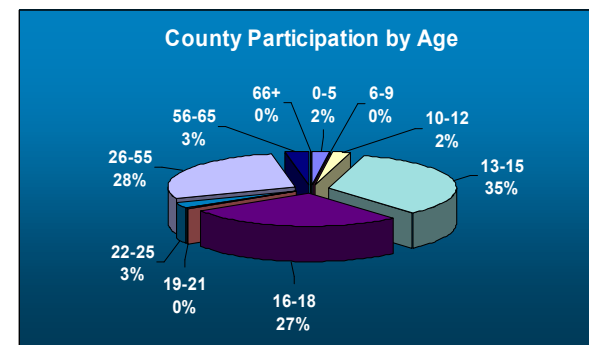
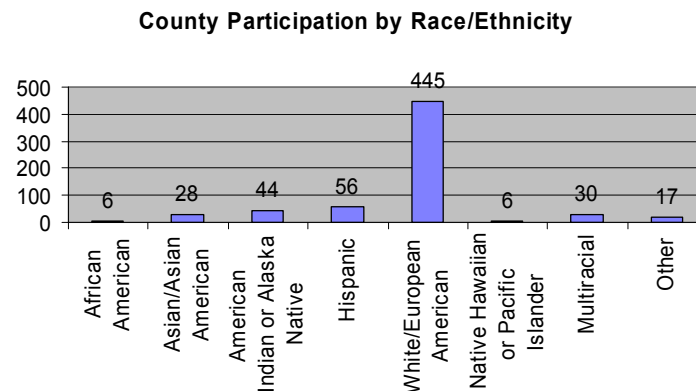
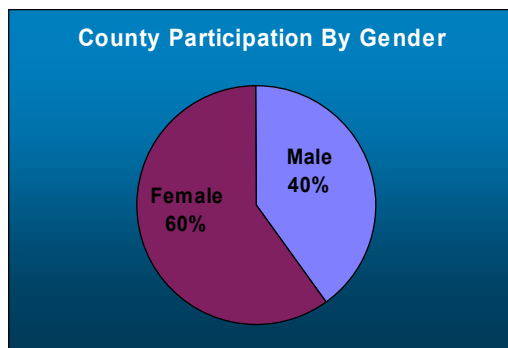
Hours Spent in Community Organizing

Direct Service Hours

### Leveraging

- |                           |         |
|---------------------------|---------|
| • In-Kind Support (value) | \$6,520 |
| • Number of Volunteers    | 67      |

## Participant Demographics



## Program Information

### Program Name

- ☆ Challenge Day
- 🏠 Klickitat County Community Organizing
- 😊 Girls Group
- 😊 Project Play
- 😊 Klickitat After School Program

### Risk/Protective Factors

- Alienation and Rebelliousness
- Community Laws and Norms
- Early Initiation of Drug Use
- Early Initiation of Drug Use
- Early Initiation of Drug Use

## Meth Action Team

During 2004-2005 the Klickitat County Meth Action Team united more than 24 agencies and many community members to provide the community with education about meth in the following ways: two billboards on major roadways; a local meth website; numerous newspaper articles in two papers; radio ads and interviews on three stations; and a booth at the county fair.

# LEWIS COUNTY

2004 - 2005

## Community Mobilization Contact

Tara Smith, Manager  
 Beatriz Estrada, Community Mobilization Coordinator  
 Lewis County Social Services  
 Phone: (360) 740-1284 (Tara)  
[tjsmith@co.lewis.wa.us](mailto:tjsmith@co.lewis.wa.us)

## Overview

### The Lewis County Community Mobilization Mission

**Statement is:** Community members participating in creating and sustaining healthy communities, free from substance abuse and its related social ills. Responsibility does not lie just with the leaders of our countries or with those who have been appointed or elected to do a particular job. Prevention, for example, lies with each of us individually coming together as a whole.

## Community Partners/Service Providers

- Lewis County Health Department
- Human Response Network-Anti-Violence Program for youth males ages 4-6 and ages 10-13
- Providence Addictions Recovery Center- Strengthening Families
- Pe Ell, Adna Toledo, Winlock, Vader, Morton, White Pass, and Mossyrock School Districts
- Families Forward
- Centralia College

## Program Outcomes

- ♦ **Youth Prevention Team** was designed to provide leadership skills, activities, and events (7<sup>th</sup> – 12<sup>th</sup> grade). Ninety-two percent of participants surveyed showed a positive change in attitudes against abuse of alcohol, tobacco and other drugs.
- ♦ **Families in Violence Education and Outreach:** Fifty percent of program participants reported a decrease in family tension using the Family Tension pre- and post-scale.
- ♦ **Southwest Washington Fair:** More than 995 individuals visited the booth and participated in activities designed to increase community awareness of the risks associated with the abuse of alcohol and other drugs.

Youth Prevention Team



## Program Highlights

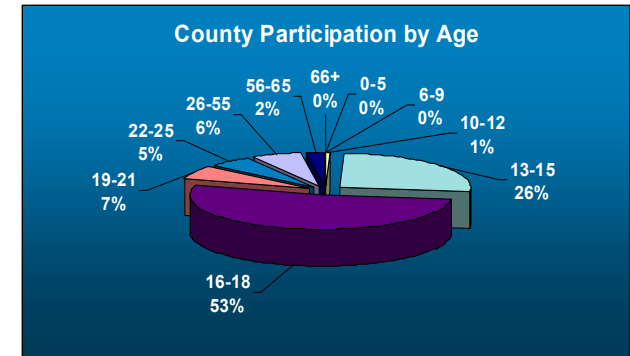
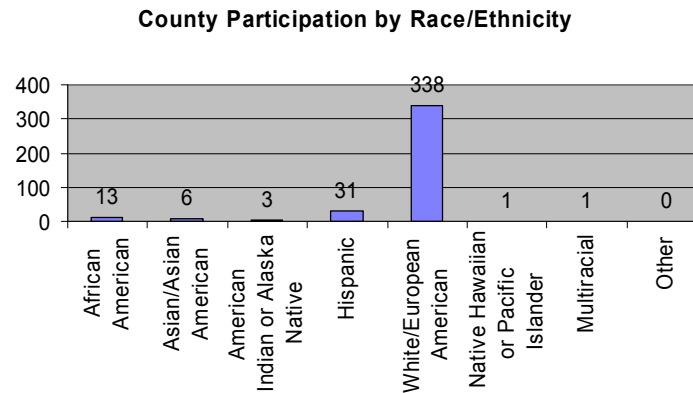
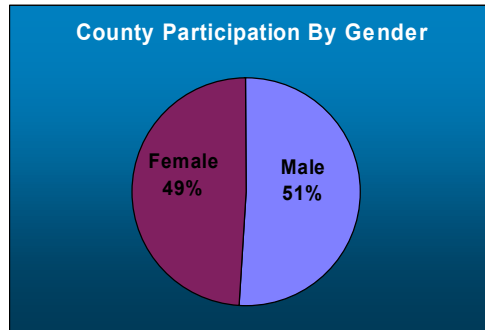
- ♦ **Youth Prevention Team** was nominated for an ACT ON IT Award and received a \$100 gift certificate to Red Robin.
- ♦ **Community Mobilization** took first place for community service at the fair.

### Number of People Served

• Prevention Programs	393
• Large Community Events	2,490
Prevention Program Sessions	101
Hours Spent in Community Organizing	221
Direct Service Hours	524
<b>Leveraging</b>	
• In-Kind Support (value)	\$18,480
• Number of Volunteers	48



## Participant Demographics



## Program Information

### Program Name

☺ Families in Violence Education and Outreach

🏠 Youth Prevention Team

🏠 County Fair

### Risk/Protective Factors

Family Management Problems; Family History of the Problem Behavior; Favorable Parental attitudes and Involvement in the Problem Behavior; Healthy Beliefs and Clear Standards.

Favorable Attitudes Toward the Problem Behavior; Opportunities for Pro-social Involvement

Healthy Beliefs and Clear Standards; Opportunities for Pro-social Community Involvement; Favorable Attitudes Toward Problem Behavior

## Meth Action Team

The Lewis County Meth Action Team received technical assistance from the Washington State Meth Initiative and trained 20 Sheriff's Office volunteers in the *Meth Watch* program. The Team developed a Child Endangerment Protocol for Lewis County and started developing a Hotline for Tips.



# LINCOLN COUNTY

2004 - 2005

## Community Mobilization Contact

Darren Mattozzi, Prevention Program Coordinator  
Lincoln County Alcohol/Drug Center  
Phone: (509) 725-2111  
[dmattozzi@co.lincoln.wa.us](mailto:dmattozzi@co.lincoln.wa.us)

## Overview

The primary purpose of Lincoln County Community Mobilization is to have a strong collaboration with broad and diverse community representation that promotes countywide comprehensive prevention services that will utilize available resources and increase prevention efforts toward safer and healthier communities.

## Community Partners/Service Providers

- Lincoln County Prevention Coalition
- Educational Service District 101
- Lincoln County Health Department's Tobacco Prevention and Control Program
- Lincoln County School Districts
- Lincoln County WSU Extension
- Lincoln County Adult and Juvenile Probation
- Lincoln County Sheriff's Office
- Family Resource Center
- Prevention Concepts

## Program Outcomes

- ♦ Using the Family Tension Survey with **Strengthening Families** participants:
  - Thirty-five percent reported high family tension in the pre-test, and only 18 percent reported high family tension in the post-test.



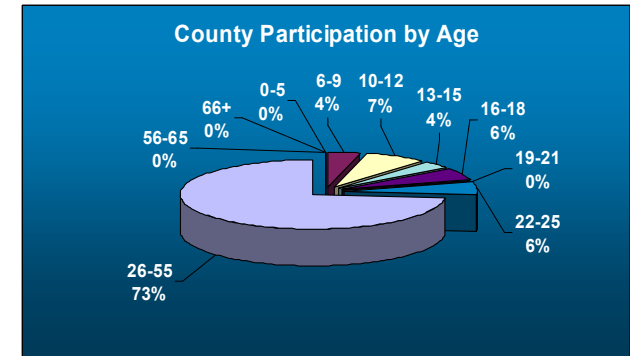
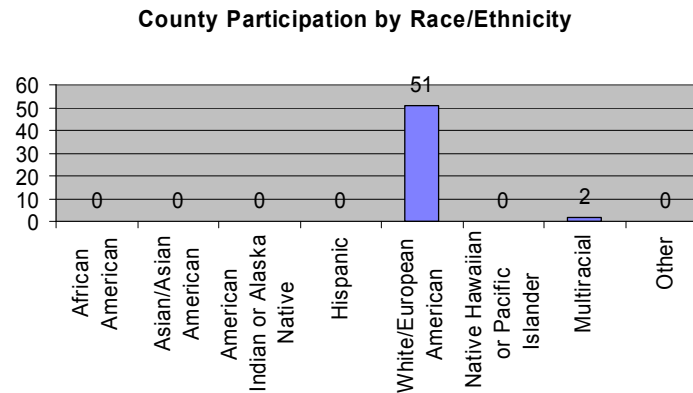
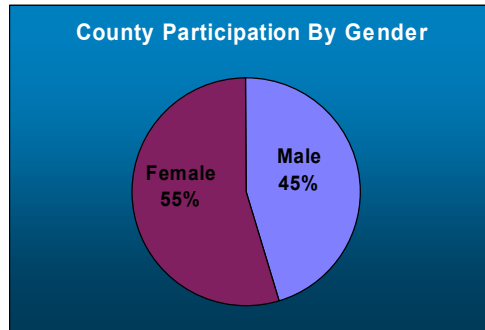
## Program Highlights

- ♦ A parent in a **Strengthening Families** program: "This program has better equipped us to function as a family. Thank you."
- ♦ The Alcohol/Drug Center's Lincoln County **Prevention Coalition** was very active throughout the county and had a strong group of participants.

### Number of People Served

• Prevention Programs	53
• Large Community Events	2,280
Prevention Program Sessions	215
Hours Spent in Community Organizing	66
Direct Service Hours	507
Leveraging	
• In-Kind Support (value)	\$6,300
• Number of Volunteers	86

## Participant Demographics



## Program Information

### Program Name

- 🏆 Strengthening Families
- 😊 Mentoring

### Risk/Protective Factors

Family Conflict; Family Management Problems; Bonding; Healthy Beliefs and Clear Standards

Early and Persistent Anti-social Behavior; Early Initiation of Substance Abuse; Lack of Commitment to School; Bonding; Healthy Beliefs and Clear Standards

## Meth Action Team

The Lincoln County Meth Action Team's *Meth Watch* education program provided many PowerPoint presentations countywide. *Meth Watch* was designed to promote collaboration between local law enforcement, chemical companies, community members, and retail merchants to stem the flow of precursor theft and purchase by those intent on manufacturing meth.

# MASON COUNTY

2004 - 2005

## Community Mobilization Contact

Julianna Miljour, Director  
Mason County Drug Abuse Prevention (MCDAP)  
Phone: (360) 427-1686  
[miljourj@cs.com](mailto:miljourj@cs.com)

## Overview

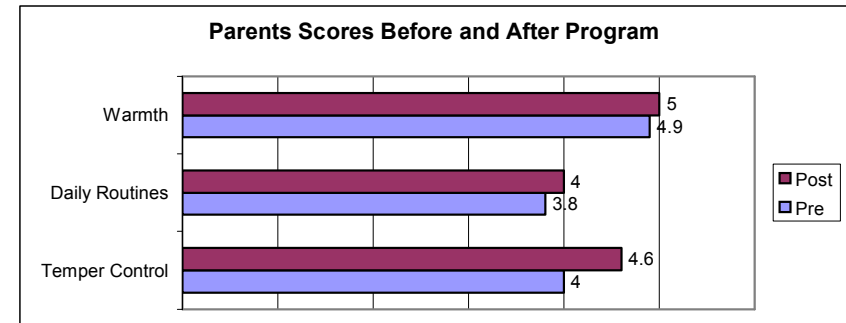
Mission: "Eradicate substance abuse in Mason County by promotion of services, education, and community development through collaboration, cooperation, communication and cultural competency." Our Vision: "We believe that the key to healthy and drug-free communities lies in an informed citizenry. MCDAP fosters knowledge of substance abuse consequences and prevention efforts at every level possible, promoting youth and adult leadership in drug prevention, and encourages citizen and provider involvement in networking, education, and action."

## Community Partners/Service Providers

- Law enforcement
- The Center for Advocacy and Personal Development
- School districts and Educational Service Districts 113/114
- Providence St. Peters Chemical Dependency Center
- Mason County Literacy/English as a Second Language
- Mason County DUI Traffic Safety
- Mason County Health Department
- WSU—Mason County Extension
- Oakland Bay Pediatrics
- Choice Regional Health Network
- NW Regional EMS Services
- Shelton Counseling Advocacy Network

## Program Outcomes

- ♦ **Community Mobilization Programs** from 2003-04 to 2004-05 showed a 7.6 percent increase in clients served; a 17.5 percent increase in coalition membership; and a 17.9 percent increase in the number of departments represented.
- ♦ Community Mobilization funds supported the **Strengthening Families Program** serving English and Spanish language families with children ages 10-14.



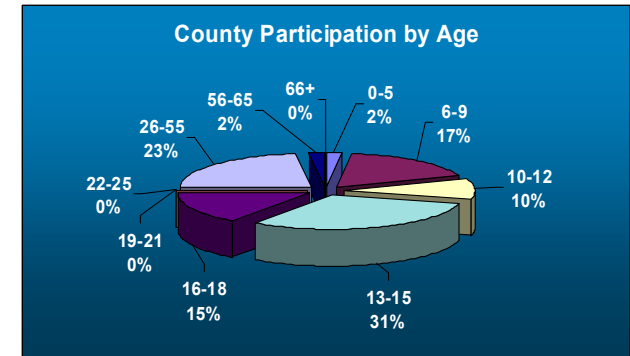
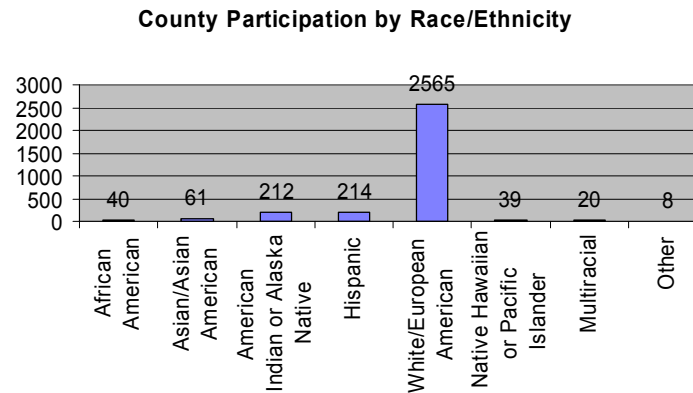
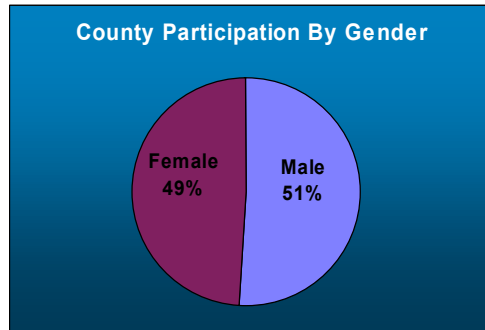
## Program Highlights

- ♦ **ESL Homework Room Program:** One new girl couldn't speak English, only Spanish. After coming to Homework Room for about a week she tapped me on the arm and said, "Excuse me. Can you tell me where the garbage can is?" in very nice English!
- ♦ In July 2004 received a National Student Safety Program of the American Driver and Traffic Safety Education Association Certificate of Achievement for outstanding service and contributions to the community.

### Number of People Served

• Prevention Programs	3,159
Prevention Program Sessions	307
Hours Spent in Community Organizing	1,873
Direct Service Hours	2,976
<b>Leveraging</b>	
• In-Kind Support (value)	\$61,418
• Number of Volunteers	218

## Participant Demographics



## Program Information

### Program Name

- 🏆 Project Northland
- 🏆 Strengthening Families (10-14)
- 📖 ESL Homework Room Program

### Risk/Protective Factors

- Community Laws and Norms Favorable Toward Drug Use; Healthy Beliefs and Clear Standards; Opportunities
- Family Management Problems; Family Bonding; Opportunities; Skills and Recognition for Pro-social Involvement
- Opportunities, Skills and recognition for pro-social involvement culturally relevant environment

## Meth Action Team

To build a better capacity to address and reduce meth production, use, and the impacts of meth abuse using multidisciplinary strategies, the following Mason County Meth Action Team activities were implemented:

- Provided community forums designed to increase local awareness of meth problems, prevention activities, and resources.
- Provided professional trainings to increase capacity to meet community and citizen needs related to meth impacts
- Held team meetings to identify needs and coordinate efforts at all levels.
- Provided retailer trainings designed to curtail purchase of the precursors used to manufacture methamphetamine.

# OKANOGAN COUNTY

2004 - 2005

## Community Mobilization Contact

Laurie Miller, Community Services Director  
Okanogan Behavioral HealthCare

Phone: (509) 826-8468

[lmiller@okbhc.org](mailto:lmiller@okbhc.org)

## Overview

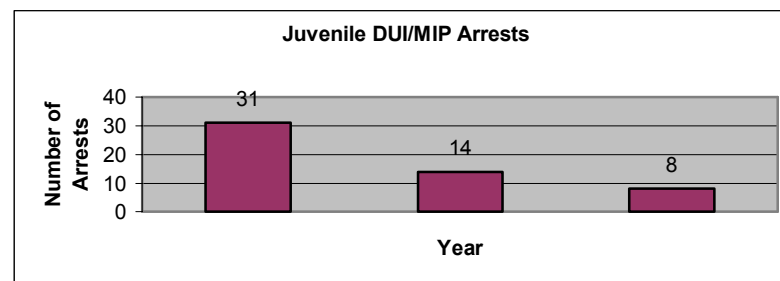
The mission of Community Mobilization in Okanogan County is to effectively address the problems of substance abuse and violence through education, promotion, collaboration, cooperation, communication, and commitment. The vision of Community Mobilization is community members participating in creating and sustaining healthy, safe, economically viable communities free from substance abuse and violence.

## Community Partners/Service Providers

- Claudia Smith, Parent
- Clover Simon, Educator—Family Planning
- Dale Sparber, Mayor—City of Omak
- Dean Carney, Career Coordinator—WorkSource
- Frank Rogers, Sheriff—Okanogan County Sheriff's Office
- Glenda Freel, Director—Support Center
- John Belcher, Principal—Omak Middle/High School
- Lauri Jones, Community Health Director—Okanogan County Public Health
- Mark Dillon, Social Worker—DSHS
- Racie McKee, Project Director—Omak Community Learning Center

## Program Outcomes

- ♦ The **Strengthening Families 10-14** Program in Okanogan County served a total of 27 families.
- ♦ **Parents Who Care** served 11 families.
- ♦ The number of juveniles that received MIP's dropped from 31 in 2003, to 14 in 2004, to eight in 2005. Data is based upon the number of juveniles that were court ordered to attend our **DUI Victim Panel**.



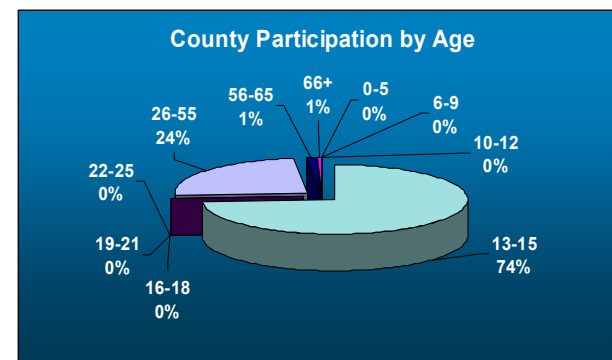
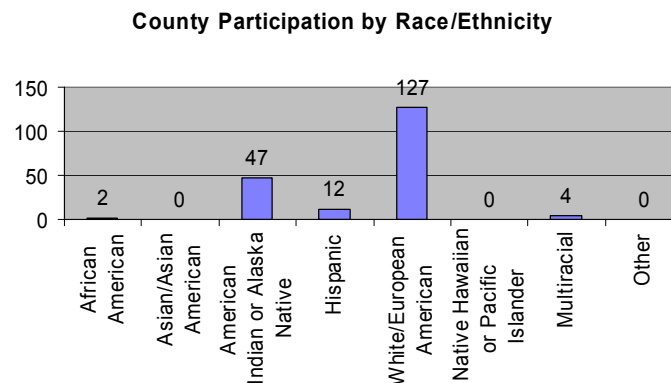
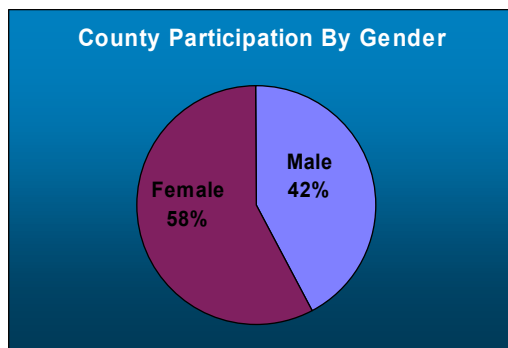
## Program Highlights

- ♦ Jansport donated 50 new backpacks and Oral B donated 50 new toothbrushes to Okanogan County CM Program/Meth Action Team for our **Drug Endangered Children Backpack** project.
- ♦ Community Mobilization was chosen to do a full two-page article on youth and drugs in the local newspaper.
- ♦ Community Mobilization organized a **healthy youth parade** that generated more than 2,000 participants and spectators.

### Number of People Served

• Prevention Programs	192
• Large Community Events	29,299
Prevention Program Sessions	28
Hours Spent in Community Organizing	208
Direct Service Hours	292
<b>Leveraging</b>	
• In-Kind Support (value)	\$37,320
• Number of Volunteers	24

## Participant Demographics



## Program Information

### Program Name

- 🏠 Parents Who Care
- 🏠 Strengthening Families
- 🏠 Community Mobilization

### Risk/Protective Factors

- Favorable Parental Attitudes towards drugs, crime, and violence; Bonding
- Favorable Parental Attitudes towards drugs, crime, and violence; Bonding
- Availability of Drugs; Community Laws and Norms

## Meth Action Team

Projects completed by the Okanogan Meth Action Team included: the *Okanogan County Communication and Collaboration Guidebook*; a Drug Endangered Children Protocol; the creation of supplemental education materials and displays for use during *Meth Watch* Community Presentations; and a Parent Meth Education Dinner, which hosted a panel of volunteer experts who were present for questions and answers. Projects underway included: *Meth Watch* Community Presentations; the Drug Endangered Children Backpack Project; the Neighborhood *Meth Watch* Program; and implementation of the *Meth Watch* Retailer's Education Program.

# PACIFIC COUNTY

2004 - 2005

## Community Mobilization Contact

Kevin Beck, Director of Human Services  
Pacific County Public Health and Human Services  
Phone: (360) 875-9343  
[kbeck@co.pacific.wa.us](mailto:kbeck@co.pacific.wa.us)

## Overview

Community Mobilization funding supports the coordination of countywide prevention partnerships and the selection, development, implementation, and evaluation of prevention strategies in communities countywide. The Pacific County Community Coordination strategy works to effectively address the problems of substance abuse and violence through implementation of the *10 Essential Skills Youth Prevention Plan*.

## Community Partners/Service Providers

- Providence Addictions Recovery Center (ARC)
- Willapa Bay Youth and Community Services
- Naselle School District
- Raymond School District
- South Bend School District
- Willapa Valley School District
- Ocean Beach School District

## Program Outcomes

- ♦ **Community Coordination** has increased the capacity of the Pacific County community to address and prevent alcohol, tobacco, and other drug use by youth.
- ♦ Community Mobilization scored 66.9 out of 76 points, or 88 percent on the Community Mobilization Scorecard.



## Program Highlights

- ♦ Five school districts each received prevention services, serving approximately 400 youth countywide (including all county 4<sup>th</sup>, 6<sup>th</sup>, and 7<sup>th</sup> grade students).
- ♦ The **Youth Adventures Program** offered opportunities for youth to build the *10 Essential Skills* through participation in success oriented outdoor experiences, and was nominated for the *Service to Science Academy*.
- ♦ Quote from a parent involved in the **All Stars Program** (as reported on a take-home assignment): "I really enjoy these assignments and the opportunity to discuss these topics with my child. Thank you for teaching this class!"

### Number of People Served

- |                          |       |
|--------------------------|-------|
| • Prevention Programs    | 1,198 |
| • Large Community Events | 1,000 |

Prevention Program Sessions	90
-----------------------------	----

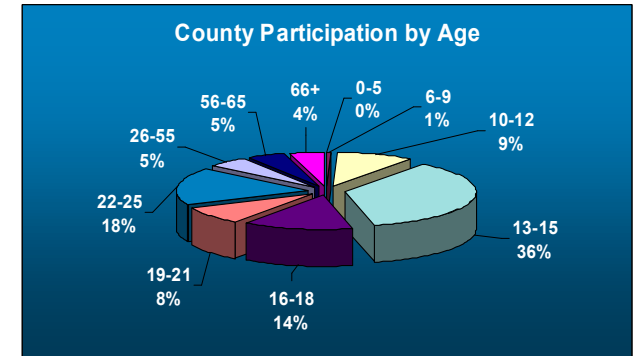
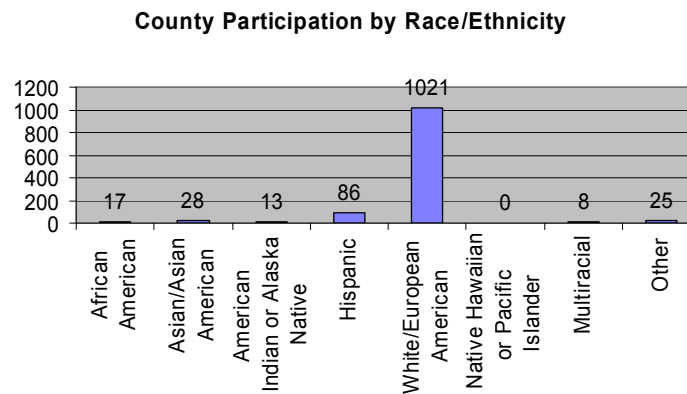
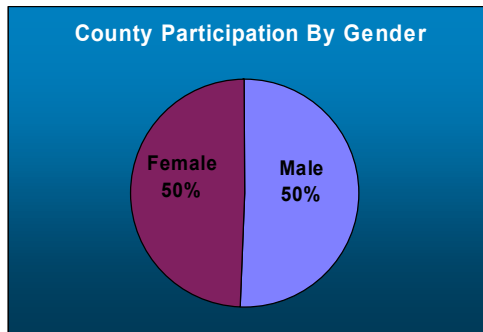
Hours Spent in Community Organizing	196
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Direct Service Hours	217
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### Leveraging

- |                           |         |
|---------------------------|---------|
| • In-Kind Support (value) | \$7,971 |
|---------------------------|---------|

## Participant Demographics



## Program Information

### Program Name

- 🔔 Project Alert
- 😊 Youth Adventures
- 😊 After Hours
- 🗺️ Community Coordination

### Risk/Protective Factors

- Favorable attitudes towards drug use
- Early initiation of drug use
- Early initiation of drug use
- Laws and norms favorable towards drug use

## Meth Action Team

During the 2004-2005 fiscal year, the Meth Action Team dedicated its resources to education and youth prevention of meth use. Human Services staff and the Sheriff's Department collaborated to provide a one-hour meth presentation in each 7<sup>th</sup> grade classroom in the county (approximately 250 youth). Presentations addressed the physical, psychological, environmental, and social consequences of meth use. Educational and self-help brochures were disseminated during these presentations. Meth Action Team representatives also helped present two "Community Drug Forums."



# PEND OREILLE COUNTY

2004 - 2005

## Community Mobilization Contact

Jamie Wyrobek, Prevention Specialist  
Pend Oreille County Counseling Services/Prevention Office  
Phone: (509) 447-5651  
[pocprevention@povn.com](mailto:pocprevention@povn.com)

## Overview

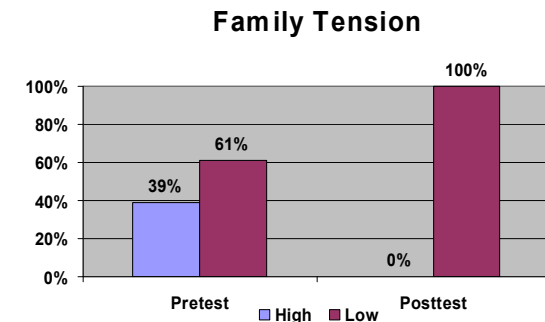
The vision of the Pend Oreille County Prevention Program is to effectively identify and address the problems of substance abuse and violence through collaborative efforts within the community. This includes involving community members to promote and prevent as a united front. Together through the Meth Action Team and the Prevention Team, programs such as the Family Wellness Camp, Challenge Day, and Drug Court have evolved into programs that accomplish the goals set forth.

## Community Partners/Service Providers

- Educational Service District (ESD) 101
- Court Appointed Special Advocates
- DSHS
- Family Crisis Network
- Tri-County Health
- Pend Oreille County Sheriff
- Pend Oreille County Counseling Services
- The Tribe
- Owen's Deli
- Ben Franklin
- Safeway

## Program Outcomes

- ♦ The **Family Wellness Camp** enjoyed great success in reducing family tension as indicated by the Family Tension pre- and post-tests.
- ♦ **Family Dependency Treatment Court:** The "pilot" family reached one year of sobriety, obtained full time employment, completed two parenting/family skills and a life skills program, and met other court requirements. These included purchasing a reliable vehicle and moving to safe and adequate housing.



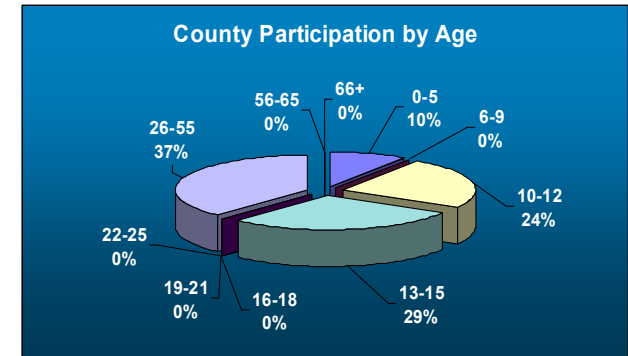
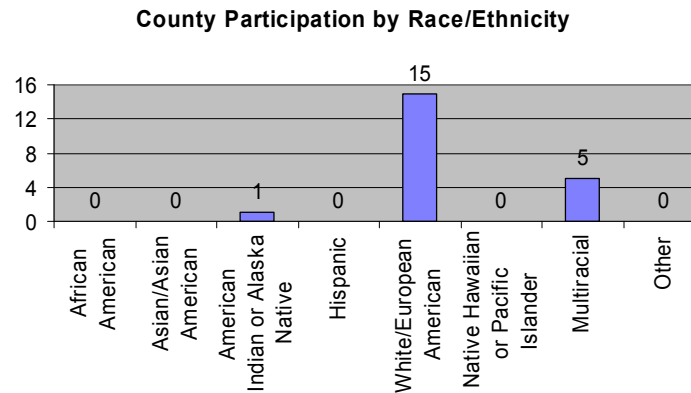
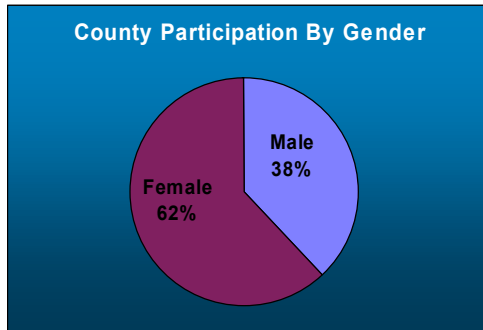
## Program Highlights

- ♦ **Family Wellness Camp:** "It was a great weekend! Camp allowed me to meet a group of people who really supported me, my goals and my family." (Camper Quote)
- ♦ **Challenge Day:** This program received high praises from the students, staff and faculty. "Challenge Day has been the best day of my high-school career!" (Newport High School junior quote)

### Number of People Served

• Prevention Programs	261
Prevention Program Sessions	33
Hours Spent in Community Organizing	400
Direct Service Hours	60
Leveraging	
• In-Kind Support (value)	\$12,167
• Number of Volunteers	54

## Participant Demographics



## Program Information

### Program Name

- ☆ Challenge Day
- 🏠 Family Dependency Treatment Court
- 😊 Family Wellness Camp

### Risk/Protective Factors

- Favorable Attitudes Toward the Problem Behavior
- Family Conflict
- Family History of Problem Behavior

## Meth Action Team

The Meth Action Team formed the *Pend Oreille Family Treatment Court Team* in 2003. The group picked a “pilot” family who then went through the program. The family was greatly successful in many ways: becoming sober, obtaining stable employment and adequate housing, and having their child returned to them. In February 2005 the family celebrated their graduation from the Treatment Court. Since then, the Team has accepted another family into the program and plans to select one to two more families. The *Meth Watch* Retailer Program was also implemented as a result of Pend Oreille County’s growing meth problem. The number of Pend Oreille County meth labs has decreased considerably as the Pend Oreille County Sheriff’s Department reported only two countywide busts this year.

# PIERCE COUNTY

2004 - 2005

## Community Mobilization Contact

Moni Hoy, Program Team Leader  
Safe Streets Campaign  
Phone: (253) 272-6824  
[mhoy@safest.org](mailto:mhoy@safest.org)

## Overview

The vision of the Safe Streets Campaign is to build a community where every neighborhood is safe and welcoming; where children and youth can be raised in an open and friendly environment; where a sense of neighborliness exists; and where people take individual responsibility to keep their neighborhood safe. To this end, the goal of Safe Street's community mobilization program is to empower people to create safe neighborhoods by organizing neighborhoods and communities for action.

## Community Partners/Service Providers

- Police Departments – Tacoma and Lakewood
- Pierce County Sheriff's Department
- Weed & Seed – Tacoma and Lakewood
- Washington State Department of Corrections
- Tacoma Public Schools
- Peninsula School District
- Pierce County Alliance
- Multicare Health System
- World Vision
- City of Tacoma Code Enforcement
- Tacoma Neighborhood Councils
- Tacoma/Pierce County Health Department

## Program Outcomes

- ♦ 86.73 percent of **Safe Streets Campaign** participants reported they had "neighbors who care about them" – a condition necessary for effective violence prevention as substantiated by research of Harvard Professor Felton Earls. It concluded that "the most important influence on a neighborhood's crime rate is neighbors' willingness to act, when needed, for one another's benefit."
- ♦ 85.42 percent of **Safe Streets Campaign** participants reported they felt safe walking in their neighborhood.
- ♦ 81.08 percent of neighborhood groups achieved a level of autonomy indicative of increased leadership by community members and neighbors working together regularly to complete tasks.

## Program Highlights

- ♦ As part of its Community Mobilization program, Safe Streets helped mobilize over 10,000 people and worked with 160 different community groups and coalitions throughout Pierce County to address public safety and prevention issues.
- ♦ Coalitions from the Key Peninsula helped to convince the Pierce County Council and the City of Gig Harbor to successfully pursue a drug paraphernalia ordinance similar to the one that was passed in Tacoma in 2003 as a result of the **Lyons Safe Streets'** efforts.
- ♦ The **South 90<sup>th</sup> Safe Streets** group collaborated with local and state agencies to create a safe route for students walking to and from the Helen Stafford Elementary School. After receiving professional evaluation by Dr. David Levinger of Feet First, this one-mile route will serve as a model for similar routes in Tacoma.

### Number of People Served

- |                          |        |
|--------------------------|--------|
| • Prevention Programs    | 10,918 |
| • Large Community Events | 2,857  |

Prevention Program Sessions	1,089
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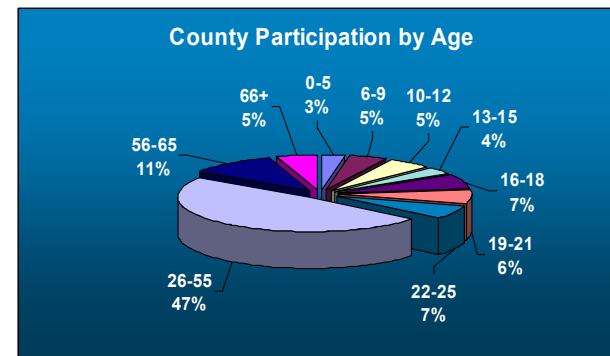
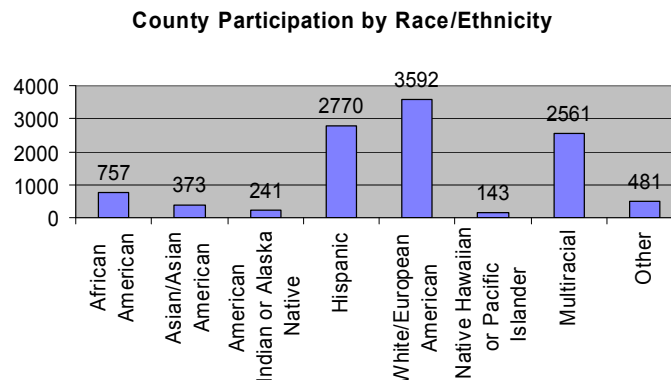
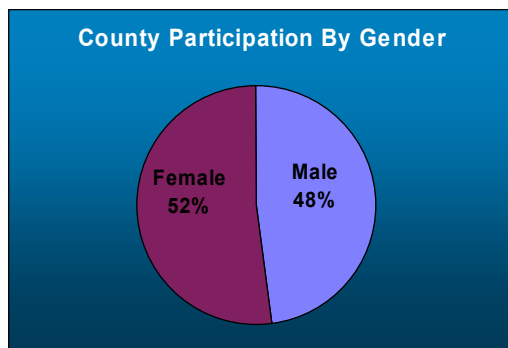
Hours Spent in Community Organizing	2,144
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Direct Service Hours	1,132
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### Leveraging

- |                           |           |
|---------------------------|-----------|
| • In-Kind Support (value) | \$169,663 |
| • Number of Volunteers    | 4,263     |

## Participant Demographics



## Program Information

### Program Name

- Citizen Empowerment
- Pierce County Meth Action Team

### Risk/Protective Factors

- Low Neighborhood Attachment and Community Disorganization
- Organizing Activities

## Meth Action Team

The 2004-2005 Pierce County Meth Action Team efforts were concentrated in three areas: legislation, community education, and youth. On the education front, the Meth Action Team worked diligently to promote and expand the Meth Watch program. Major retailers (e.g. Walgreen's, Fred Meyer, and Safeway) and smaller independent retailers in Pierce County made an early commitment to adhere to the Meth Watch guidelines in order to deny access by meth cooks to precursor materials. Legislatively, members successfully recruited Pierce County delegates to sponsor a bill that requires strict control and monitoring of the display and sales of ephedrine, pseudoephedrine, and phenylpropanolamine throughout Washington State. The State Legislature passed this bill with wide support during the 2005 session. On the youth front, members worked with the Washington State Department of Health to expand and improve the "Drug Endangered Children Matrix" of recommended best practices. The revised matrix was distributed to all Washington Counties and has been requested by jurisdictions from across the nation.

# SAN JUAN COUNTY

2004 - 2005

## Community Mobilization Contact

Eden Bailey, County Prevention Coordinator  
 San Juan County Department of Health and Community Services  
 Phone: (360) 370-7513  
[edenb@co.san-juan.wa.us](mailto:edenb@co.san-juan.wa.us)

## Overview

In response to San Juan County's prioritized needs, our Community Mobilization program collaborated with local prevention coalitions; provided community education; and provided a multi-site Primary Intervention Program. The Primary Intervention program trained and supervised volunteers who met one-on-one with the children in a specially equipped playroom. They provided culturally appropriate activities for children who had shown evidence of early school adjustment difficulties and early persistent antisocial behaviors.

## Community Partners/Service Providers

- San Juan Island School District
- Orcas Island School District
- Lopez Island School District
- Skagit/Islands Head Start – Skagit Valley College
- San Juan County Sheriff's Office
- Compass Health of the San Juans
- Domestic Violence and Sexual Assault Services
- San Juan Island Family Resource Center
- San Juan Island Prevention Coalition
- Orcas Island Prevention Partnership

## Program Outcomes

- ♦ The **Primary Intervention** Programs uses the *Teacher-Child Rating Scale*. This pre- and post-test measurement tool addresses the county's identified needs assessment risk and protective factor priorities of Early and Persistent Anti-Social Behavior; Family Conflict and Management Problems; Recognition and Rewards for Pro-Social Behavior; and Opportunities for Positive Involvement.
- ♦ As part of the PIP several children were selected to participate in small social skills groups to practice improving their skills.

### PRIMARY INTERVENTION PROGRAM PRE AND POST SURVEYS/TEACHER/CHILD RATING SCALE

BEHAVIOR/SKILL	PERCENT IMPROVEMENT
Peer Social Skills	77
Behavioral Control	58
Acting Out	72

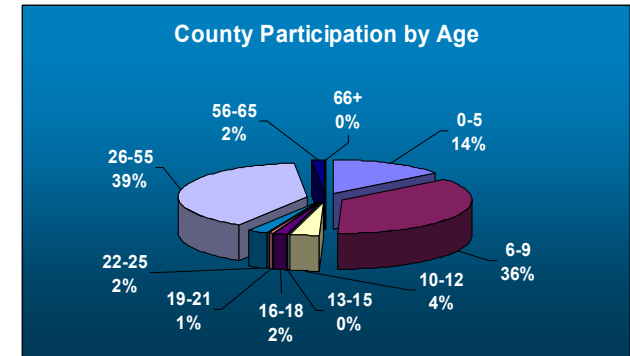
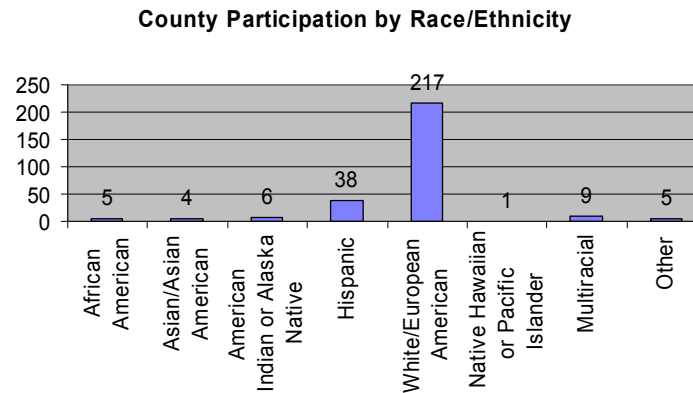
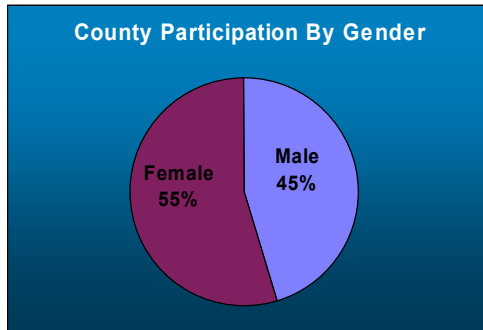
## Program Highlights

- ♦ Conducting a focus group each year with children who participate in **Primary Intervention Program** is a wonderful experience. At this year's Lopez focus group, 5 to 9 year olds were asked: "What have you learned in PIP?" The response that most validated the program was "Talking with my special friend." An adult volunteer replied: "Seeing the difference and hearing from other teachers and other sources that being in the playroom has made a difference for the child. The growth and confidence and centeredness that they get out of the time they spend in the playroom."

### Number of People Served

• <b>Prevention Programs</b>	<b>280</b>
• <b>Large Community Events</b>	<b>110</b>
<b>Prevention Program Sessions</b>	<b>2,900</b>
<b>Hours Spent in Community Organizing</b>	<b>755</b>
<b>Direct Service Hours</b>	<b>2,726</b>
<b>Leveraging</b>	
• <b>In-Kind Support (value)</b>	<b>\$48,575</b>
• <b>Name of Volunteers</b>	<b>61</b>

## Participant Demographics



## Program Information

### Program Name

☆ Primary Intervention Program

### Risk/Protective Factors

Early and Persistent Anti-social Behavior; Family Conflict/Management Problems; Friends Who Engage in the Problem Behaviors; Recognition/Rewards for Pro-social Behavior; Opportunities for Positive Involvement; Healthy Beliefs and Clear Standards; Bonding: Opportunities for Pro-social Involvement

## Meth Action Team

The San Juan County Meth Action Team co-sponsored a Community Support Activity in collaboration with the San Juan Island Prevention Coalition and the San Juan County Sheriff's Office. The "Community Meeting" invited all interested community members to learn about prevention efforts in general, as well as a special presentation regarding the impact of methamphetamine in our community. The exit survey indicated that 100% of those responding found the information from the Healthy Youth Survey 2004 and county statistics to be helpful.

# SKAGIT COUNTY

2004 – 2005

## Community Mobilization Contact

Karen Peterka, Grant Coordinator  
Skagit Prevention Council  
Phone: (360) 424-7790  
[kjp1100@comcast.net](mailto:kjp1100@comcast.net)

## Overview

The mission of the Skagit Prevention Council is to promote safer and healthier communities through collaborative efforts, education, and alternative activities. We accomplish this through support of existing prevention programs and through the provision of parenting classes, healthy youth and family activities, educational theatre, awards banquets, and much more. Our activities are as diverse as our communities.

## Community Partners/Service Providers

- Anacortes Community Health Council
- Burlington-Edison Community Parent Network
- Conway Community Prevention Council
- La Conner Alliance for Youth and Families
- Mount Vernon Community Wellness Council
- North Cascades Health Council
- Upper Skagit Indian Tribe
- Upper Valley Awareness Task Force
- Sea Mar Community Health Center/Hispanic Community
- Skagit County Human Services
- Skagit County DUI Task Force
- Skagit County Meth Action Team

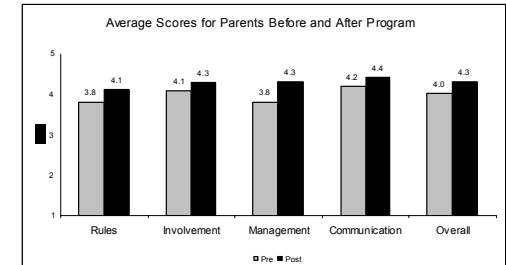
## Program Outcomes

- ♦ **Strengthening Families** Post-test: 80 percent of parents reported that positive change occurred in their ability to manage their own frustration and to help their youth express frustration.
- ♦ As evidenced by the **Skagit Prevention Council** focus group exercises, the board believed in what we did in Skagit County; felt strongly committed to what we did; and were a motivated and caring group who worked to decrease substance abuse and violence in our county.



Upper Skagit Indian Tribe

Youth Group



Strengthening Families

## Program Highlights

- ♦ As a direct result of participating in the **Upper Skagit Indian Tribe Youth Group**, the youth learned songs and dances from elders and performed at the Upper Skagit Bald Eagle Festival.
- ♦ The **North Cascades Health Council** was recognized by the Sedro-Woolly School District for its efforts to enhance classroom materials and information by providing current, colorful, well-written magazines to the students in health classes grades 7-12.

### Number of People Served

- Prevention Programs 12,424
- Large Community Events 13,404

### Prevention Program Sessions

497

### Hours Spent in Community Organizing

3,272

### Direct Service Hours

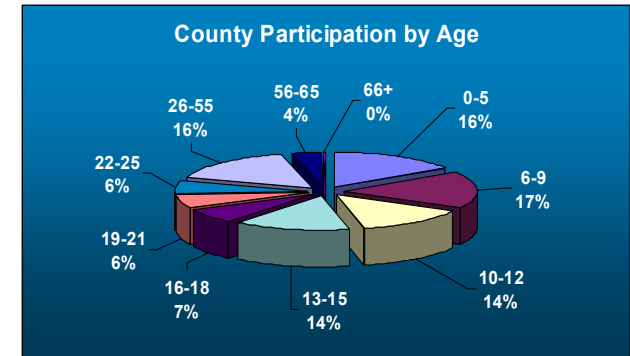
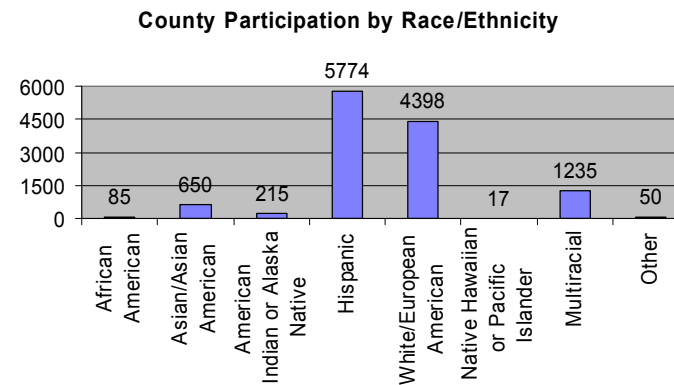
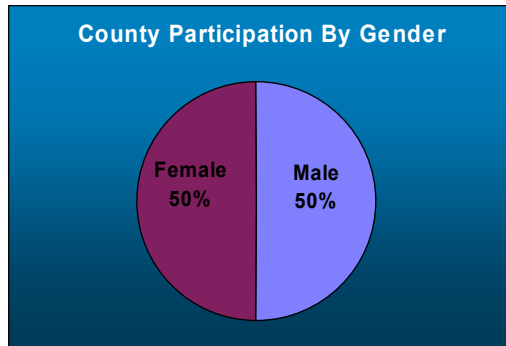
1,497

### Leveraging

- In-Kind Support (value) \$72,728
- Number of Volunteers 403



## Participant Demographics



## Program Information

*Program Name*

🏡 Strengthening Families

*Risk/Protective Factors*

Family Management Problems

## Meth Action Team

The Skagit County Meth Action Team successfully implemented the *Meth Watch* Program in Skagit County this year, assisted Congressman Rick Larsen with his Skagit County Meth Town Hall, arranged to have the Meth Town Hall videotaped to be televised for the Skagit County community, provided funding for Spanish language educational materials on meth, and provided the “Don’t Meth Around” bracelets to the Skagit Prevention Council community groups.

🏡 Best Practice    ☆ Promising Practice    😊 Innovation    🗺️ Community Organizing    🏠 Community Support Activities    📖 Other Published Curriculum



# SKAMANIA COUNTY

2004 - 2005

## Community Mobilization Contact

Scott Pineo, Community Mobilization Coordinator and Director  
Skamania County Community Events and Recreation  
Phone: (509) 427-9478  
[pineo@co.skamania.wa.us](mailto:pineo@co.skamania.wa.us)

## Overview

Mission Statement: Review and evaluate needs, services, facilities, and special problems related to alcohol/substance abuse and violence; and conduct public hearings on these matters when appropriate. Provide the appropriate prevention services. Skamania County identified Availability of Drugs, Family History of Problem Behavior, and Family Management as Risk Factors for the 2003-2005 Biennium.

## Community Partners/Service Providers

- Stevenson/Carson School District
- Skamania County Tobacco Free Coalition
- Skamania County Health Department
- Skamania County Council on Domestic Violence and Sexual Assault
- Mill A School District
- Washougal School District
- Skamania County Juvenile Department
- Skamania County Commissioners
- Mid Columbia Head Start Program
- Stevenson Business Association
- Skamania County Fair

## Program Outcomes

- ♦ SCMAT increased community leaders' knowledge about methamphetamine in Skamania County.
- ♦ Community Events and Recreation resulted in positive changes in those surveyed using pre- and post tests: 30 percent more participants reported feeling schoolwork is more meaningful and important; 20 percent of participants reported having fewer days of school missed due to illness.



## Program Highlights

- ♦ At the **Campus Outreach Program** held in January 2005, Katie Koestner—nationally known speaker on the topic of date rape—spoke to the students at Wind River Middle School and Stevens High School. Students from rural outlying schools in Skamania County were also invited. This event kicked off a project for the Stevenson Carson School District where they addressed the issues of date rape, intimidation, and bullying.
- ♦ SCMAT organized and implemented a countywide Meth Summit.

### Number of People Served

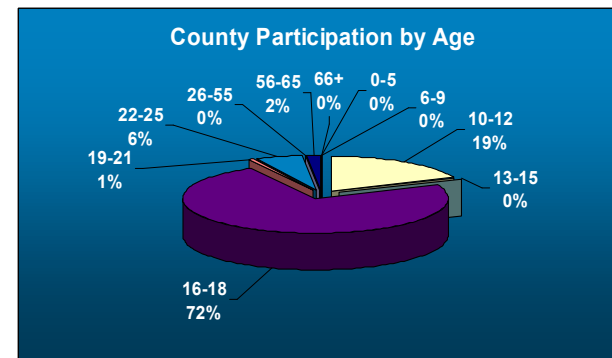
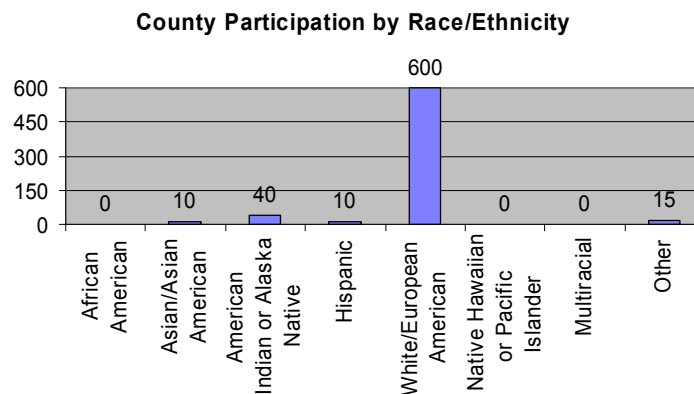
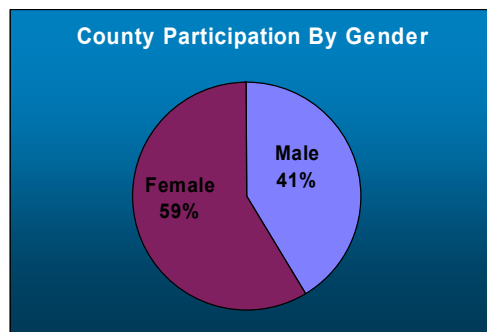
- |                          |     |
|--------------------------|-----|
| • Prevention Programs    | 675 |
| • Large Community Events | 100 |

Prevention Program Sessions	25
Direct Service Hours	211

### Leveraging




- |                           |         |
|---------------------------|---------|
| • In-Kind Support (value) | \$8,775 |
| • Number of Volunteers    | 10      |

## Participant Demographics



## Program Information

### Program Name

-  Campus Outreach Program
-  Meth Action Team
-  Warehouse Dance (Alcohol/Drug/Violence/Tobacco Free "Nightclub")

### Risk/Protective Factors

- Media Portrayals of Violence; Favorable Attitudes Towards Problem Behaviors
- Availability of Drugs; Low Community Attachment; Community Disorganization
- Early Initiation of Problem Behavior

## Meth Action Team

The Skamania County Meth Action Team sponsored an information distribution program at the Skamania County Fair held in late August 2004. Many residents attended the fair and were able to access the information. The first Skamania County Meth Summit was held.

# SNOHOMISH COUNTY

2004 - 2005

## Community Mobilization Contact

Carolyn G. Allendoerfer, Program Coordinator  
Snohomish County Community Mobilization  
Phone: (360) 654-2001  
[callendoerfer@lwsd.wednet.edu](mailto:callendoerfer@lwsd.wednet.edu)

## Overview

The Snohomish County Community Mobilization Program provided grants to 15 organizations. Twenty different activities benefited over 12,000 people. These included after school and late night teen programs, mentoring and parenting classes, prevention education through drama, professional trainings, large community events, a county community information system, a school district Respect Summit, and a two-day, countywide Challenge Day event. Over \$300,000 in match was leveraged.

## Community Partners/Service Providers

- Arlington Committee for Education
- Darrington Family Resource Center
- Everett Public Schools
- Family Support Center of South Snohomish County
- Granite Falls Community Coalition
- Kids On The Block ~ Imagine Children's Museum
- Lake Stevens Family Center
- Lakewood School District
- Marysville Community Coalition
- Monroe Crime Prevention Council
- Open Door Theatre
- Snohomish Drug and Alcohol Committee
- Sky Valley Resource Center
- Volunteers of America of Western Washington
- Youth Resources and Programs

## Program Outcomes

- ♦ Using Healthy Youth Survey data for 2002 and 2004, the Granite Falls School District reported that 30-day use of alcohol, tobacco and other drugs for 6<sup>th</sup> graders is down 4.5 percent, 8<sup>th</sup> graders is down one percent, and 10<sup>th</sup> graders is down 15.1 percent.
- ♦ **Granite Falls** School District had a 24 percent total reduction in risk factors, attributable to their mentoring program.
- ♦ One hundred percent of the youth who participated in programs at the **Darrington Family Support and Resource Center** and the **Lake Stevens Family Center** felt connected to their communities after they participated in the programs.
- ♦ Ninety-five percent of participants in the **Arlington Respect Summit** indicated they had an increased awareness of harassment, intimidation, bullying, and racism after their participation.

## Program Highlights

- ♦ A Community Mobilization sponsored, two-day community-based **Challenge Day** raised awareness of the importance of respecting diversity for the 220 adults and youth who attended. Eighty-nine percent committed to continue to use what they learned.
- ♦ Several community organizations and coalitions promoted the importance of cooperation and collaboration through community organizing activities such as Community Night Out, cultural diversity celebrations, and forming a new community resource and support center.

### Number of People Served

- |                          |        |
|--------------------------|--------|
| • Prevention Programs    | 12,234 |
| • Large Community Events | 4,440  |

Prevention Program Sessions	1,255
-----------------------------	-------

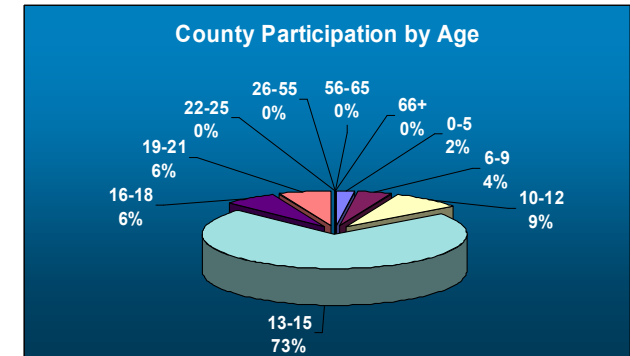
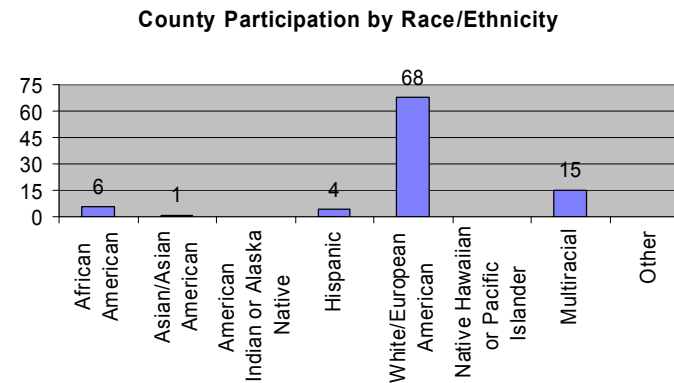
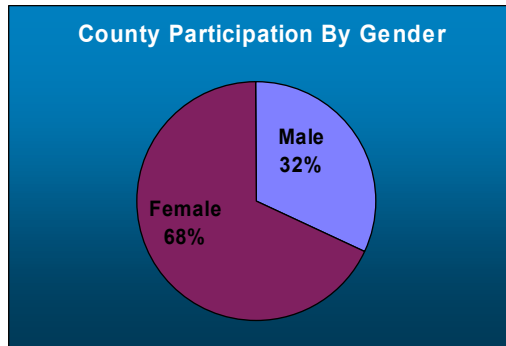
Hours Spent in Community Organizing	10,119
-------------------------------------	--------

Direct Service Hours	6,153
----------------------	-------

### Leveraging

- |                           |           |
|---------------------------|-----------|
| • In-Kind Support (value) | \$310,922 |
| • Number of Volunteers    | 949       |

## Participant Demographics



## Program Information

### Program Name

- Granite Falls Community Coalition – Strengthening Families
- Marysville Community Coalition
- Lake Stevens Family Center
- Challenge Day

### Risk/Protective Factors

- Family Management Problems; Bonding: Skill Building
- Family Management Problems; Bonding: Opportunities, Skill Building, Recognition
- Bonding: Opportunities, Skill Building, Recognition
- Bonding: Opportunities, Skill Building, Recognition

## Meth Action Team

The Snohomish County Meth Action Team used its Meth Initiative funding to hire a coordinator to manage and oversee the work of the team, to hold Meth Watch breakfasts, and to be a liaison with the Youth Meth Action Team. The team's main activities were to continue to educate county retailers and real estate agents, to support state legislation related to reducing meth production, and to support the Youth Meth Summit, which was attended by over 1,200 middle and high school students and school staff.

# SPOKANE COUNTY

2004 - 2005

## Community Mobilization Contact

Dean Wells, Programs Director  
Greater Spokane Substance Abuse Council (GSSAC)  
Phone: (509) 922-8383  
[Dwells@gssacpreventioncenter.com](mailto:Dwells@gssacpreventioncenter.com)

## Overview

GSSAC's Prevention Center is home to several programs working to prevent substance abuse and violence. By providing prevention presentations, training and support, GSSAC empowers schools, agencies, and the community to effectively implement prevention strategies. Further, through community partnerships and youth coalitions, we strive to create a community-wide environment that fosters positive attitudes and behavior.

## Community Partners/Service Providers

- Big Brothers/Big Sisters of Spokane County
- Cheney Outreach Center
- East Central Community Center
- Educational Service District 101
- Pathology Associates Medical Laboratories
- Changing Our Lives Together (COLT) Program
- Martin Luther King Jr. Family Outreach Center
- Spokane Public Schools
- City and county law enforcement
- N.A.T.I.V.E. Project
- Spokane Regional Health District

## Program Outcomes

- ♦ Eighty-eight percent of youth in the **Changing Our Lives Together** program reported increased self-confidence; 88 percent reported an increased ability to make positive choices; 96 percent reported an increased level of commitment to school; and 100 percent reported that they had remained ATOD-free throughout the entire year of the program.
- ♦ More than 63 percent of participants in the **School Based Mentoring** program increased academic performance; and over 70 percent reported an improved attitude toward school.

Changing Our  
Lives Together-  
'COLT' Program  
Participants



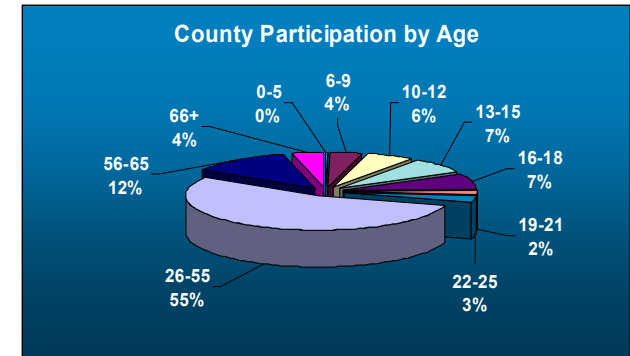
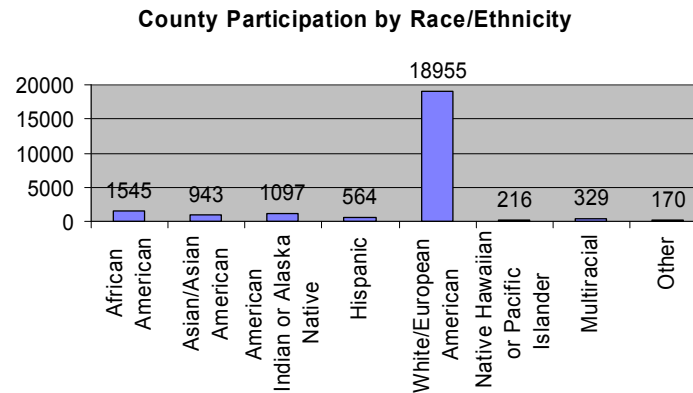
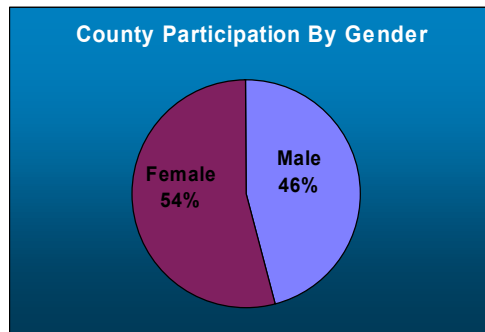
## Program Highlights

- ♦ The **"Prevention Works"** Show featured discussions and prevention strategies for issues such as tobacco use, family management, and school involvement. These episodes were cablecast 52 times on Comcast Cable as part of GSSAC's community mobilization strategy.
- ♦ Focus Group comment from a participant in the **Washington Drug-Free Youth Role Models** program: "...through us it's spreading throughout the high school that it's cool to be drug-free and that a lot of people are drug-free so I think it changes their view of how many people actually do drugs in high school."

### Number of People Served

• Prevention Programs	23,819
• Large Community Events	3,865
Prevention Program Sessions	10,017
Hours Spent in Community Organizing	1,500
Direct Service Hours	11,635
Leveraging	
• In-Kind Support (value)	\$107,399
• Number of Volunteers	395

## Participant Demographics



## Program Information

### Program Name

- 🏆 Effective Black Parenting Program
- 🏠 WA Drug-Free Youth Role Models
- ☺ Indian Youth Leadership Camp
- ☺ Changing Our Lives Together (COLT)

### Risk/Protective Factors

- Family Management Problems, Favorable Parental Attitudes
- Community Laws and Norms Favorable Toward Drug Use
- Community Laws and Norms Favorable Toward Drug use, Healthy Beliefs and Clear Standards
- Early Initiation of the Problem Behavior, Bonding, Healthy Beliefs and Clear Standards

## Meth Action Team

- ♦ An additional 126 presenters were trained on the *Meth Watch* Community Presentation, which was conducted over 100 times for more than 5,000 people statewide.
- ♦ Pre/Post tests found a 31% increase in meth-related knowledge among participants in the *Meth Watch* Community Presentation.
- ♦ More than 30,000 educational materials were distributed through the local Meth Action Team.
- ♦ A website, [www.methwatchwa.com](http://www.methwatchwa.com), featuring the Washington *Meth Watch* Program along with other information, was created and received over 1,900 unique hits.

# STEVENS COUNTY

2004 -2005

## Community Mobilization Contact

Tom and Susan Lawver, Community Mobilization Facilitators  
 Stevens County Substance Abuse Coalition (SCSAC)  
 Phone: (509) 684-6992  
[scsac@ultraplix.com](mailto:scsac@ultraplix.com)

## Overview

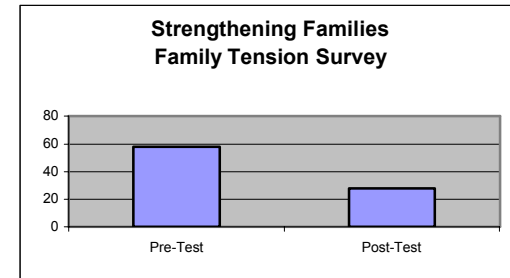
The Stevens County Substance Abuse Coalition's vision is: community members participating in creating and sustaining healthy, safe, economically viable communities free from substance abuse, violence, and all of its related social ills. The mission is to effectively address the problems of substance abuse and violence by promoting collaboration, cooperation, communication, commitment, and cultural competency.

## Community Partners/Service Providers

- Stevens County Counseling Services
- Stevens County Sheriff's Department
- Stevens County Juvenile Divisions
- Stevens County District and Municipal Courts
- Division of Child/Family Services
- Tri-County Health/Environmental District
- Spokane Tribe
- School Districts
- Youth Dot Com
- Local Police Depts. – Chewelah, Colville, Kettle Falls
- Business/Service Organizations: Chamber of Commerce, Rotary, Kiwanis

## Program Outcomes

- ♦ **Strengthening Families:** Fifty-eight percent of participants reported high family tension on pre-test surveys while only 28 percent reported high family tension on post-test surveys.
- ♦ **DUI Impact Panel Presentations** focused on the effects of driving impaired, crashes, and impact on victims. Six-hundred, forty-five participants were involved. Participant: "The speakers really are victims. They made me aware of the impact on their lives, when someone like me drinks and drives, then crashes their rig into another one."



## Program Highlights

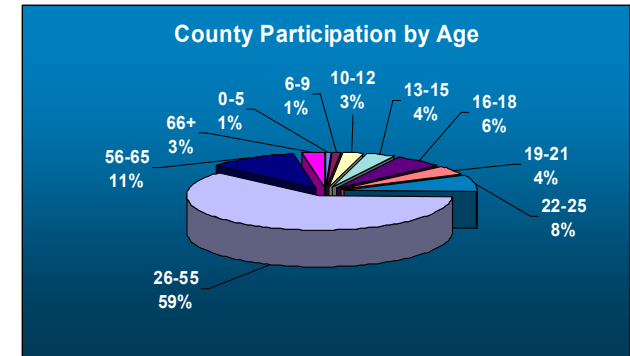
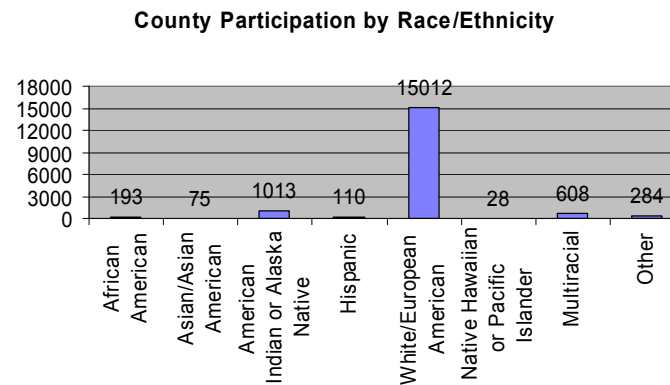
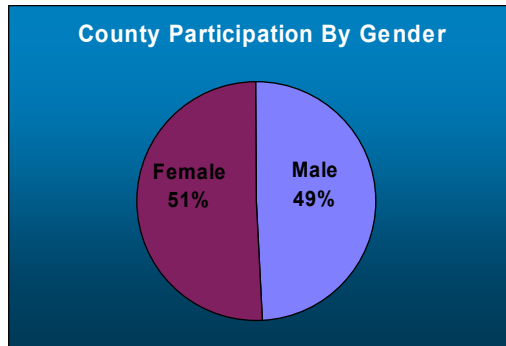
- ♦ **SCSAC Puppeteers:** High school students performed substance abuse prevention skits for 816 children and adults.
- ♦ **Community Substance Abuse Awareness Programs:** 1) Red Ribbon Awareness Week—1,440 students participated; 2) Community parades; and (3) Promoting consequences of driving while impaired—3,335 persons were present.
- ♦ **Youth Yellow Pages:** A resource directory for Stevens County youth. 1,235 copies were distributed. Reader: "It's full of 'where to find' phone numbers, plus tons of useful information and references. The Yellow Pages has really been helpful."

### Number of People Served

• Prevention Programs	17,323
<b>Prevention Program Sessions</b>	<b>319</b>
<b>Hours Spent in Community Organizing</b>	<b>615</b>
<b>Direct Service Hours</b>	<b>933</b>
<b>Leveraging</b>	
• In-Kind Support (value)	\$10,525
• Number of Volunteers	554



## Participant Demographics



## Program Information

### Program Name

- Strengthening Families
- DUI Impact Panel
- Youth Yellow Pages

### Risk/Protective Factors

- Family Management Problems
- Community Laws and Norms Favorable to Drug Use
- Perceived Availability of Drugs; Early Initiation of Problem Behavior

## Meth Action Team

- ♦ The Meth Action team held 15 regular meetings involving business, agency, and community-based groups. Emphasis was on planning and implementing a variety of projects.
- ♦ Developed a *Meth Site Child Response Protocol* for Stevens County. Cooperative agencies included Stevens County Substance Abuse Coalition, Stevens County Sheriff's Office, Tri-County Health District/Environmental, Child Protective Services, and Mt. Carmel Hospital.
- ♦ Developed a Public Awareness Meth PowerPoint Presentation. There have been over 22 presentations involving an estimated 400 people.
- ♦ Facilitated the *Meth Watch* Retailers' Program. With support from the Colville Chamber of Commerce, 35 businesses were contacted and provided training, information, and support.



# THURSTON COUNTY

2004 - 2005

## Community Mobilization Contact

Mary B. Segawa, Executive Director  
TOGETHER!

Phone: (360) 493-2230 Ext. 12

[msegawa@thurstonttogether.org](mailto:msegawa@thurstonttogether.org)

## Overview

TOGETHER! works to increase awareness and take action to prevent youth violence and alcohol, tobacco and drug use in Thurston County. Community partnerships, coalitions, and collaborative efforts promote the vision of a community where young people are supported, healthy, safe, and valued. Activities such as parent education, tutoring, and after-school programs further these goals.

## Community Partners/Service Providers

- North Thurston Public Schools
- Olympia School District
- Lacey Police Department
- Thurston County Sheriff's Department
- Rochester Organization of Families (ROOF) Community Services
- Educational Service District 113
- City of Olympia
- City of Lacey
- Refugee and Immigrant Services
- Washington National Guard Drug Demand Reduction Unit
- Thurston Community Network
- Girl Scouts Pacific Peaks Council

## Program Outcomes

- ♦ Ninety-five percent of parents surveyed said their child was doing better in school because of the after school programs.
- ♦ Youth focus group participants at the **Neighborhood Center** saw the Center as being a vital place for their safety.

### Horizon's After-School Program



## Program Highlights

- ♦ TOGETHER!'s **Neighborhood Centers** and **After-School Programs** received the "Making A Difference in the Life of a Child" annual award from the Thurston Community Network. Teacher quote: "You've provided the only support beyond the classroom – it's helped greatly."
- ♦ Video game violence presentations reached 700 people through the **Campaign for a Game Smart Thurston Community**. Presentations educate parents/caregivers about violent video games and help them to make wise choices regarding their children's game-playing.
- ♦ Almost 12,000 **Parent Resource Guides** were distributed to schools, law enforcement, agencies, and others. This is seen as one of the most helpful resources for parents in the community.

### Number of People Served

- **Prevention Programs** 3,434
- **Large Community Events** 445

**Prevention Program Sessions** 984

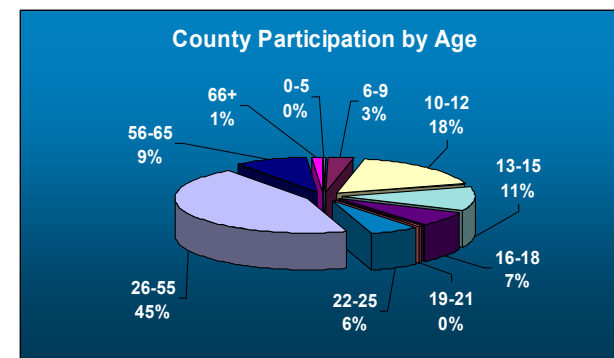
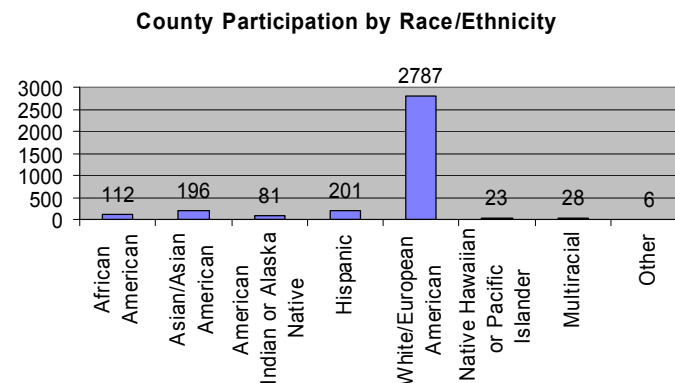
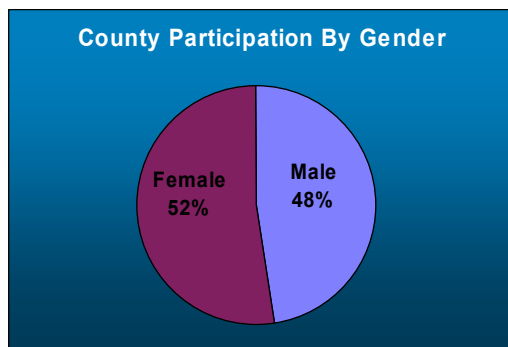
**Hours Spent in Community Organizing** 2,394

**Direct Service Hours** 4,087

### Leveraging

- **In-Kind Support (value)** \$44,465
- **Number of Volunteers** 155

## Participant Demographics



## Program Information

### Program Name

- 🔊 Project ALERT
- 🔊 Strengthening Families
- 🔊 McLane After School Tutoring Program
- 😊 Campaign for a Game Smart Thurston Community

### Risk/Protective Factors

- Early Initiation, Skills
- Family Management, Healthy Beliefs & Clear Standards, Bonding, Skills
- Academic Failure Beginning in Late Elementary School; bonding; Early and Persistent Antisocial Behavior
- Media Portrayals of Violence

## Meth Action Team

The Thurston County Meth Coalition added over 50 retailers to the Retailer Education Program with trainings for Korean-speaking and hardware retailers. Over 80 Retailer Training Videos were distributed statewide. The Coalition collaborated with Mason County to bring together over 100 professionals for workshops on meth safety, identity theft, drug court, and the latest treatment research. Two meth prevention public service announcements aired on 25 stations to 48,000 homes for more than three weeks.

# WAHKIAKUM COUNTY

2004 – 2005

## Community Mobilization Contact

Joell England Archibald, Director  
Wahkiakum County Health and Human Services  
Phone: (360) 795-8630  
[archibaldj@co.wahkiakum.wa.us](mailto:archibaldj@co.wahkiakum.wa.us)

## Overview

Wahkiakum County Community Mobilization supports services for school-aged county youth provided by multiple community partners. Decisions about services to be funded with Community Mobilization resources are data-driven and aimed at increasing prioritized protective factors and decreasing identified risk factors. A broad range of community partners (the Wahkiakum Community Mobilization Board) are involved in setting local priorities. During 2004-2005, services funded by Community Mobilization were the Youth Adventure Program and Youth Resiliency Training.

## Community Partners/Service Providers

- Wahkiakum County Chemical Dependency Board
- Wahkiakum County Meth Action Team
- Wahkiakum County Tobacco Coalition
- Wahkiakum Community Network
- St. James Family Center
- Wahkiakum and Naselle/Grays River School Districts
- Educational Service District 112
- WSU Extension Wahkiakum County
- Division of Alcohol and Substance Abuse prevention and treatment
- Wahkiakum County Sheriff's Department

## Program Outcomes

- ♦ Forty percent of **Strengthening Families** participants reported a decrease in family tension at the end of the program.
- ♦ **Youth Resiliency Training** participants reported 33 percent fewer rebellious responses in the post-test.



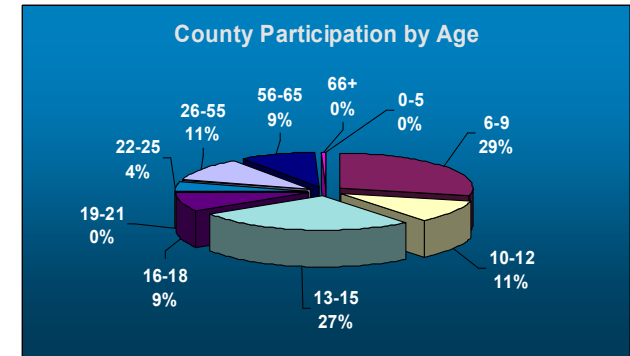
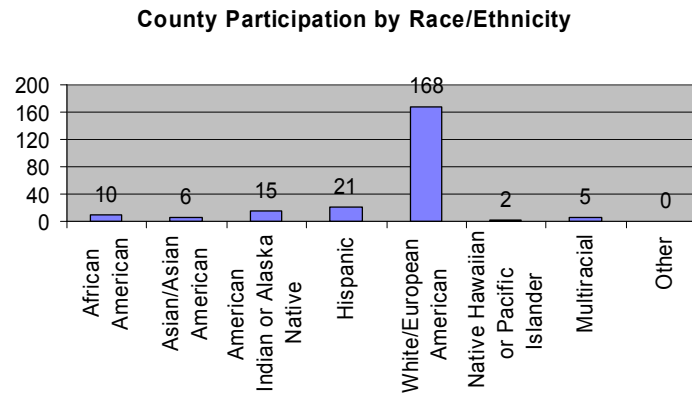
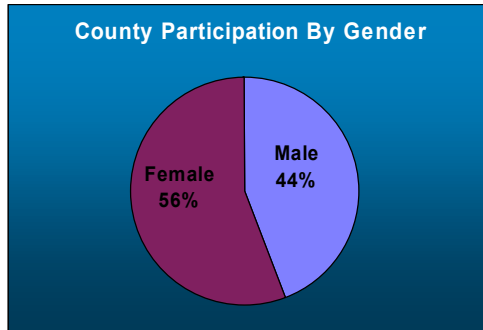
## Program Highlights

- ♦ Wahkiakum CM was awarded a \$2,500 performance award by Community, Trade and Economic Development for evaluation efforts associated with our **Youth Resiliency Project**.
- ♦ Thirty-nine 8<sup>th</sup> grade students, along with six youth leaders and eight adult chaperones, spent three days at CISPUS for **Youth Resiliency Training**. Targeted at a time of transition from middle to high school and offered free of charge to every 8<sup>th</sup> grader in Wahkiakum School District, the Youth Resiliency training is in its 5<sup>th</sup> year.
- ♦ Ninety-five Wahkiakum youth ages 6–15 years participated in community-based education activities. The **Youth Adventure Program** involved nearly 50 community volunteers and gave youth valuable learning opportunities with healthy role models during their summer break from school.

### Number of People Served

• Prevention Programs	204
• Large Community Events	222
Prevention Program Sessions	88
Hours Spent in community Organizing	263
Direct Service Hours	446
Leveraging	
• In-Kind Support (value)	\$3,124
• Number of Volunteers	115

## Participant Demographics



## Program Information

### Program Name

- 🏠 Strengthening Families
- 😊 Youth Adventure Program
- 📖 Youth Resiliency Training

### Risk/Protective Factors

- Family Management Problems
- Bonding (opportunities, skills, recognition), Healthy Beliefs and Clear Standards, Low Neighborhood Attachment and Community Disorganization
- Healthy Beliefs and Clear Standards, Peers who Use

## Meth Action Team

The Wahkiakum County Meth Action Team dedicated available Community Meth Education financial resources for 2004-2005 in support of *Meth Watch*. The Wahkiakum County Sheriff's office is the lead Community Partner in making Wahkiakum County a *Meth Watch* community. This use of financial resources will assist *Meth Watch* in production and distribution of community education materials to be used in conjunction with multiple community presentations. The Meth Action Team is pleased to support this method of distributing anti-meth literature to the broad population of county residents.

# WALLA WALLA COUNTY

2004 - 2005

## Community Mobilization Contact

Alex Luft, CM Coordinator/Prevention Specialist  
Walla Walla County Department of Human Services  
Phone: (509) 527-3278  
[aluft@co.walla-walla.wa.us](mailto:aluft@co.walla-walla.wa.us)

## Overview

Through a collaborative effort, we prioritized three Risk Factors (Family Conflict, Availability of Drugs, and Favorable Attitudes Toward the Problem Behavior) and one Protective Factor (Bonding). These factors are addressed through substance abuse and violence prevention programs in local schools, special forums and informational fairs, newsletters, meetings, and community mobilizing efforts. Monthly meetings with various groups keep us informed and proactive.

## Community Partners/Service Providers

- Tobacco Advisory Board
- Walla Walla Public Schools
- College Place Public Schools
- Walla Walla Police Department
- Walla Walla County Department of Health
- Walla Walla County Sheriff's Office
- DUI/Traffic Safety Task Force
- Substance Abuse Task Force
- YWCA

## Program Outcomes

- ♦ Eighty-seven percent of respondents at the **Meth Recovery Forum** rated the "effective treatment for meth addiction" section as "excellent" or "very good."
- ♦ Ninety-eight percent of respondents at the **Meth Recovery Forum** said that they "learned something they would use."



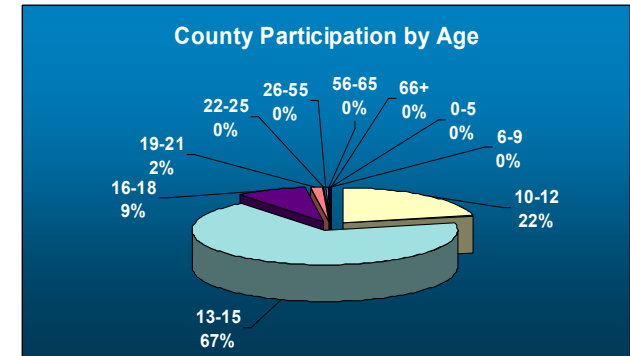
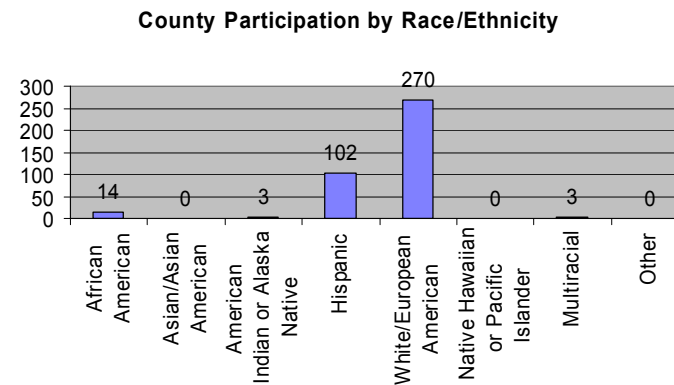
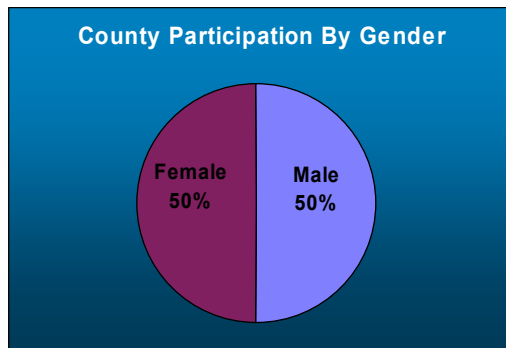
## Program Highlights

- ♦ Students participating in the **Hawk Point Ropes Course** said that they had a more positive view of another student with whom they had had a conflict in the past.
- ♦ Participants in the **Hawk Point Ropes Course** spoke of compassion for some students who struggled with certain difficult aspects of the course (behaviors not shown in interactions in the past.)
- ♦ Of the 125 Hispanic parents who attended a presentation on gangs, the majority requested a follow-up presentation on the same topic but with more in-depth information.

### Number of People Served

• Prevention Programs	392
• Large Community Events	1,439
Prevention Program Sessions	100
Hours Spent in Community Organizing	152
Direct Service Hours	373
Leveraging	
• In-Kind Support (value)	\$10,955
• Number of Volunteers	63

## Participant Demographics



## Program Information

### Program Name

- 🏠 Community Organizing
- 🗣️ Meth Recovery Forum
- 😊 Hawk Point Ropes Course

### Risk/Protective Factors

- 🚫 Availability of Drugs
- 👍 Favorable Attitudes Toward the Problem Behavior
- 🤝 Bonding

## Meth Action Team

The Meth Coalition has been active since early 2001 and has met quarterly through June 2005. Members developed goals and objectives that align with the prioritized risk and protective factors, along with our mission statement, to educate county residents on the manufacture, availability, and dangers of methamphetamine. They developed a television commercial and organized a Meth Recovery Forum that was attended by over 70 representatives from schools, law enforcement, counseling and treatment services, and local concerned citizens.

# WHATCOM COUNTY

2004 - 2005

## Community Mobilization Contact

Jim DeGolier, Executive Director  
Straight Talk About Responsibility (STAR)  
Phone: (360) 671-6154  
[star@az.com](mailto:star@az.com)

## Overview

The primary 2004-2005 strategies were to sustain the Drug Free Youth program in one district and to focus on organizing the Meth Action Team efforts in Whatcom County. Through the partnership of over 20 agencies, Straight Talk About Responsibility enacted a response strategy developed at a countywide methamphetamine summit held in June 2004. This three-part strategy involved coordinating the efforts of the response agencies, advocating for system changes needed, and raising public awareness.

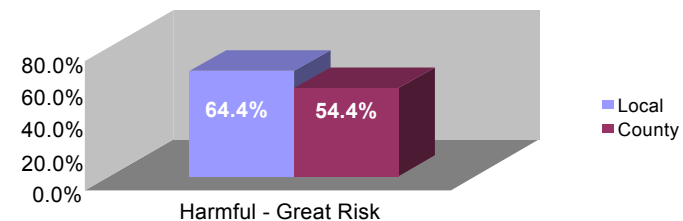
## Community Partners/Service Providers

- Congressman Rick Larsen's Office
- Whatcom County Sheriff and Bellingham Police
- Whatcom County Prosecutor and Public Defender
- Child Protective Services
- Whatcom County Health and Planning Departments
- Bellingham City and Whatcom County Councils
- Brigid Collins House
- Meridian and Blaine School Districts
- Western Washington University (Center for Service Learning, Communications Department, Community Health Education Department)
- Association of Bellingham Neighborhoods
- Kendall Watch

## Program Outcomes

- ♦ Sustained reduction in perceived risk, favorable attitudes, and use rates among 10<sup>th</sup> graders were reported by the 2004 Healthy Youth Survey at a **Drug Free Youth** site.
- ♦ There was a 70 percent reduction in meth responses in the first half of 2005, compared to 2004 year-to-date (six vs. 20)—based on the Department of Ecology incidence report by county.
- ♦ Increased calls to the Whatcom County Drug Task Force in the first quarter of 2005, over the fourth quarter of 2004 (as reported by NWRDTF).

Perception of Harm - Marijuana



Health Youth Survey 2004

## Program Highlights

- ♦ Enrolled 242 students (grades 7-12) in the **Drug Free Youth** program.
- ♦ Developed a community website addressing community meth response – [www.stopmeth.net](http://www.stopmeth.net)
- ♦ Assisted the Whatcom County Health Department in passing a meth lab clean-up ordinance.

### Number of People Served

- Prevention Programs 487
- Large Community Events 2,753

Prevention Program Sessions 94

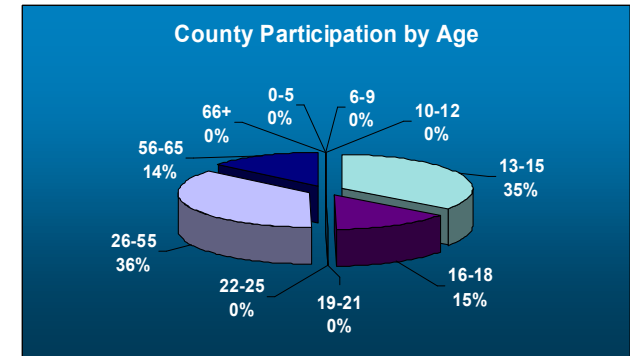
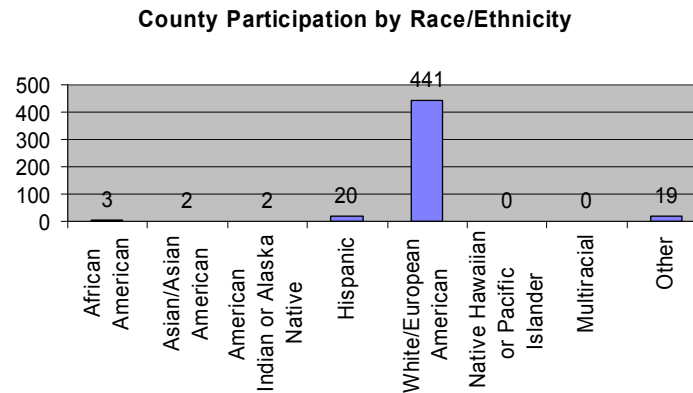
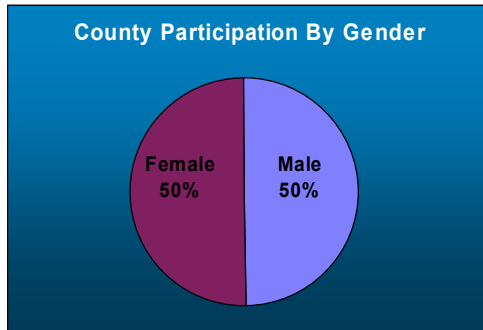
Hours Spent in Community Organizing 261

Direct Service Hours 109

### Leveraging

- In-Kind Support (value) \$28,298
- Number of Volunteers 23

## Participant Demographics



## Program Information

### Program Name

☺ Drug-Free Youth Program

🏠 Methamphetamine Summit Action Plan

### Risk/Protective Factors

Early Initiation of the Problem Behavior; Favorable Attitudes Toward the Problem Behavior; Friends Who Engage in the Problem Behavior

Community Laws and Norms

## Meth Action Team

- ♦ Conducted a three-month multi-media public awareness campaign focusing on methamphetamines, reaching an estimated 150,000 people. To accomplish this goal, the Meth Action Team worked with Western Washington University student interns, television ad reps, radio producers, and a video production firm to develop five television ads, 15 radio ads, three billboard ads, one theater ad, and two newspaper editorial columns.
- ♦ Developed a middle school classroom presentation and piloted it with 58 youth.
- ♦ Conducted 46 community education sessions on meth awareness, reaching 955 people.



# WHITMAN COUNTY

2004 - 2005

## Community Mobilization Contact

Sigrid Gauger, CM/Prevention Coordinator  
Palouse River Counseling Center  
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## Overview

Palouse River Counseling—Community Mobilization and Prevention Services—works to facilitate, empower, and mobilize Whitman County to create and sustain healthy, safe, and economically viable communities free from substance abuse, violence, and their related social ills by fostering communication, cooperation, and collaboration. During 2004-2005, services were provided through such programs as Family Night Out, Parent Resource Center, Family Fair, Palouse Area Networking Breakfast, Ropes Challenge Courses, and the Invest in the Palouse School Success project.

## Community Partners/Service Providers

- Oakesdale School District
- Tekoa School District
- Palouse School District
- Whitman County Library System
- Parent Resource Center of Whitman County
- Young Children & Family Programs of the Palouse
- Whitman County Sheriff's Department

## Program Outcomes

- ♦ Schools that sent students to the **Ropes Challenge Course** reported increased bonding among this group and smoother transitions from elementary to middle and middle to high school levels. Results from participant pre- and post-event surveys indicated a *22 percent decrease* in the rebellious response to "I ignore the rules that get in my way," and a *20 percent reduction* in the rebellious response to "I like to see how much I can get away with."



## Program Highlights

- ♦ The annual **Whitman County Family Fair**, coordinated through the multi-agency collaborative Parent Resource Center, experienced a *100 percent increase* in the number of attendees to this one-day large event for area families in comparison to the 2004 event.

### Number of People Served

- |                          |       |
|--------------------------|-------|
| • Prevention Programs    | 144   |
| • Large Community Events | 2,002 |

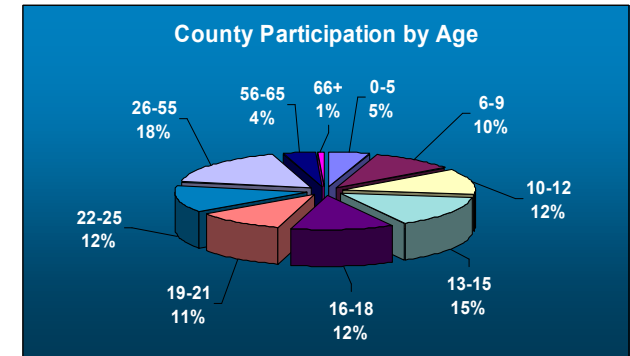
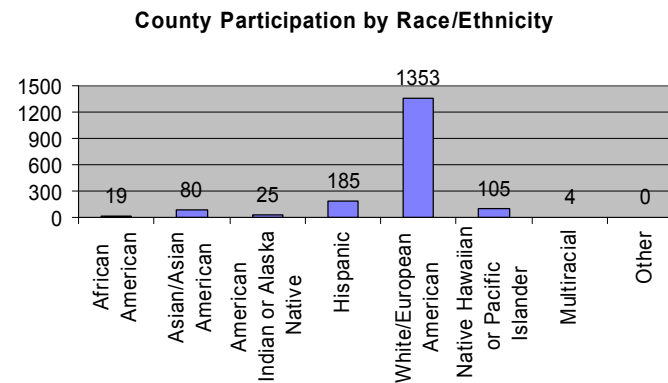
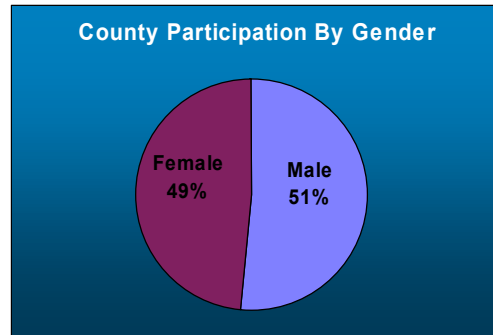
### Prevention Program Sessions

Direct Service Hours	101
----------------------	-----

### Leveraging






- |                           |          |
|---------------------------|----------|
| • In-Kind Support (value) | \$26,247 |
| • Number of Volunteers    | 219      |

## County Participant Demographics



## Program Information

### Program Name

-  Invest in the Palouse for School Success
-  Family Fair
-  Family Night Out
-  Parent Resource Center
-  Ropes Challenge Course

### Risk/Protective Factors

- Community Laws and Norms; Family Management Problems; Skills; Bonding
- Family Management Problems; Skills
- Family Management Problems, Bonding; Rebelliousness
- Family Management Problems
- Rebelliousness; Bonding

## Meth Action Team

The Whitman County Meth Action Team participated with Greater Spokane Substance Abuse Council and the Washington State Meth Initiative in the redesign of a PowerPoint presentation for a grant-funded program through the Spokane Better Business Bureau. This program was designed specifically for high school juniors/seniors and included *The Connection: Meth & ID Theft*. Whitman County schools that received the presentation included Tekoa, Rosalia, and Colfax High Schools. The Whitman County Meth Action Team engaged in outreach efforts to the Asotin High School. Two Community Meth Presentations were conducted for LaCrosse Chamber of Commerce membership. Another was conducted for a prevention course in the University of Idaho Addictions Program.

# YAKIMA COUNTY

2004 - 2005

## Community Mobilization Contact

Anna Marie Dufault, Tobacco Prevention and  
Community Mobilization Coordinator  
Educational Service District 105  
Phone: (509) 454-3130  
[annamaried@esd105.wednet.edu](mailto:annamaried@esd105.wednet.edu)

## Overview

**Community Mobilization** supported six specific communities within Yakima County with community organizing and community support activities. The communities addressed the primary risk factors of “*Low neighborhood Attachment and Community Disorganization*” and “*Favorable Attitudes Toward the Problem Behavior*” and increased the protective factor “*Healthy Beliefs and Clear Standards.*” Community Mobilization focused on assisting each community to become more “self-sufficient” and empowering the leadership in each community.

## Community Partners/Service Providers

- Six school districts (Mabton, Granger, Mt. Adams, Selah, Grandview, and Sunnyside)
- Radio KDNA
- Sundown Treatment Center
- YMCA
- Yakima County Drug Court
- Northwest Community Action Council
- Sunnyside’s Promise
- White Swan Tribal Police
- Adult and Youth Probation
- Police departments (Sunnyside, Grandview, Toppenish)
- Yakima County Sheriff

## Program Outcomes

- ♦ Granger, Mt. Adams, Selah, Grandview and Sunnyside **community coalitions** were very active and met monthly.
- ♦ Grandview purchased 1,000 Crime Prevention Booklets and distributed them through a **Community Block Watch Summer Celebration**.
- ♦ Mt. Adams hosted a very successful “**Community Days**” in June 2005.
- ♦ Granger hosted a **Bicycle Safety Rodeo** attracting over 100 children, youth, parents and community volunteers.



## Program Highlights

- ♦ Granger purchased a “**Child ID**” kit that will be shared among the six communities of Mabton, Sunnyside, Grandview, Mt. Adams, and Selah.
- ♦ Selah is working to implement the violence prevention curriculum, “**Second Step**” in their schools.
- ♦ Mt. Adams is working with **Boys and Girls Clubs** to establish mentoring opportunities for young people in their community.

### Number of People Served

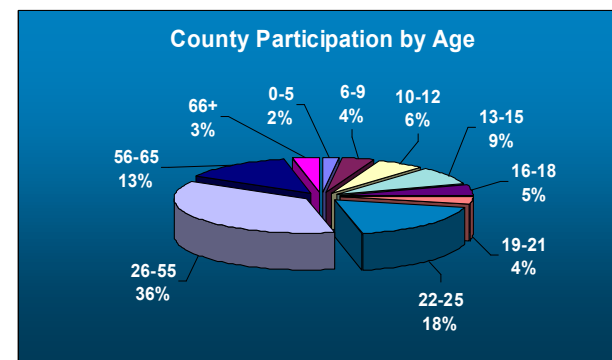
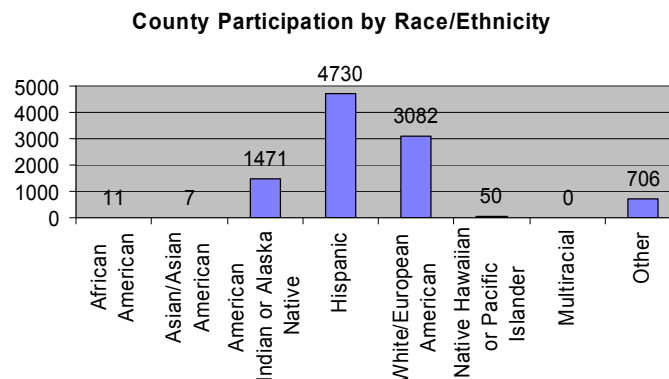
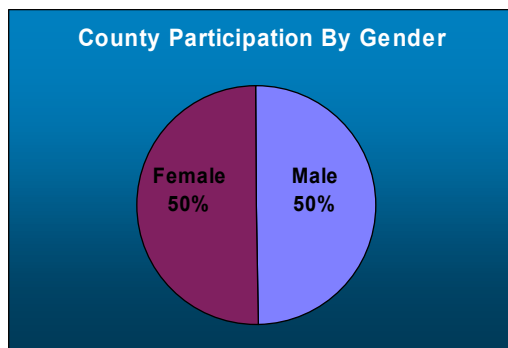
- |                          |        |
|--------------------------|--------|
| • Prevention Programs    | 10,057 |
| • Large Community Events | 8,444  |

Prevention Program Sessions	235
Direct Service Hours	743

### Leveraging

- |                           |          |
|---------------------------|----------|
| • In-Kind Support (value) | \$58,425 |
| • Volunteer Hours         | 333      |

## Participant Demographics



## Program Information

### Program Name

-  Second Step
-  Community Block Watch Summer Celebration
-  Community Days
-  Bicycle Safety Rodeo
-  Boys and Girls Club Mentoring

### Risk/Protective Factors

- Healthy Beliefs & Clear Standards
- Low Neighborhood Attachment and Community Disorganization
- Low Neighborhood Attachment and Community Disorganization
- Healthy Beliefs and Clear Standards
- Bonding (opportunities, skills, recognition)

## Meth Action Team

The Meth Action Team was highly active this year. They hosted the Annual Meth Summit for the Valley. Rob McKenna, the State Attorney General, was the guest speaker. All communities were educated on how to recognize and report a methamphetamine lab and on the dire effects of meth usage on the community.

## **APPENDIX E**

### **DEVELOPING HEALTHY COMMUNITIES**

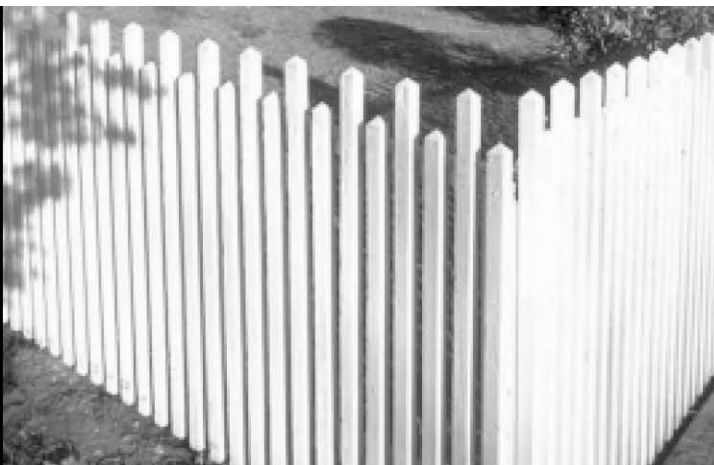
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## Appendix E

# DEVELOPING HEALTHY COMMUNITIES:

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*A Risk and Protective Factor Approach to  
Preventing Alcohol and Other Drug Abuse*



# IDENTIFYING RISK

The following is a summary of the research-based risk factors and the problem behaviors they predict (in parentheses).

## COMMUNITY RISK FACTORS

### • **Availability of Drugs** (*Substance Abuse and Violence*)

The more available drugs are in a community, the higher the risk that young people will abuse drugs in the community. Perceived availability of drugs is also associated with risk. In schools where children just think that drugs are more available, a higher rate of drug use occurs.

### • **Availability of Firearms** (*Delinquency and Violence*)

Firearm availability and firearm homicide have increased together since the late 1950s. If a gun is present in the home, it is much more likely to be used against a relative or friend than an intruder or stranger. Also, when a firearm is used in a crime or assault instead of another weapon or no weapon, the outcome is much more likely to be fatal. While a few studies report no association between firearm availability and violence, more studies show a positive relationship. Given the lethality of firearms, the increase in the likelihood of conflict escalating into homicide when guns are present, and the strong association between availability of guns and homicide rates, firearm availability is included as a risk factor.

### • **Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime** (*Substance Abuse, Delinquency and Violence*)

Community norms – the attitudes and policies a community holds about drug use and crime – are communicated in a variety of ways: through laws and written policies, through informal social practices, and through the expectations parents and other members of the community have of young people.

One example of the community law affecting drug use is the taxation of alcoholic beverages. Higher rates of taxation decrease the rate of alcohol use at every level of use.

When laws, tax rates, and community standards are favorable toward substance use or crime, or even if they are just unclear, children are at higher risk.

Another concern is conflicting messages about alcohol/other drugs from key social institutions. An example of conflicting messages about substance abuse can be found in the acceptance of alcohol use as a social activity within the community. The “Beer Gardens,” popular at street fairs and community festivals frequented by young people, are in contrast to the “Just Say No” messages that schools and parents may be promoting. These conflicting messages make it difficult for children to decide which norms to follow.

Laws regulating the sale of firearms have had little effect on violent crime and those effects usually diminish after the law has been in effect for multiple years. In addition, laws regulating the penalties for violating licensing laws or using a firearm in the commission of a crime have also been related to reduction in the amount of violent crime, especially involving firearms. A number of studies suggest the small and diminishing effect is due



to two factors: the availability of firearms from other jurisdictions without legal prohibitions on sales or illegal access, and community norms which include lack of proactive monitoring or enforcement of the laws.

- ***Media Portrayal of Violence (Violence)***

The effect of media violence on the behavior of viewers (especially young viewers) has been debated for over three decades. Research over that time period has shown a clear correlation between media violence and the development of aggressive and violent behavior. Exposure to media violence appears to impact children in several ways. First, children learn from watching actors model violent behavior, as well as learning violent problem-solving strategies. Second, media violence appears to alter children's attitudes and sensitivity to violence.

- ***Transitions and Mobility (Substance Abuse, Delinquency, and School Dropout)***

Even normal school transitions predict increases in problem behaviors. When children move from elementary school to middle school or from middle school to high school, significant increases in the rate of drug use, school misbehavior, and delinquency result. When communities are characterized by frequent nonscheduled transition rates, there is an increase in problem behaviors.

Communities with high rates of mobility appear to be linked to an increased risk of drug and crime problems. The more often people in a community move, the greater the risk of both criminal behavior and drug-related problems in families. While some people find buffers against the negative effects of mobility by making connections in new communities, others are less likely to have the resources to deal with the effects of frequent moves and are more likely to have problems.

- ***Low Neighborhood Attachment and Community Disorganization (Substance Abuse, Delinquency, and Violence)***

Higher rates of drug problems, juvenile delinquency, and violence occur in communities or neighborhoods where people have little attachment to the community, where the rates of vandalism are high, and where there is low surveillance of public places. These conditions are not limited to low income neighborhoods; they can also be found in wealthier neighborhoods.

The less homogeneous a community is in terms of race, class, and religion, the less connected its residents may feel to the overall community, and the more difficult it is to establish clear community goals and identity. The challenge of creating neighborhood attachment and organization is greater in these neighborhoods.

Perhaps the most significant issue affecting community attachment is whether residents feel they can make a difference in their lives.

If the key players in the neighborhood — such as merchants, teachers, police, and human and social services personnel — live outside the neighborhood, residents' sense of commitment will be less. Lower rates of voter participation and parental involvement in schools also indicate lower attachment to the community.

- ***Extreme Economic Deprivation (Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout)***

Children who live in deteriorating and crime-ridden neighborhoods characterized by extreme poverty are more likely to

develop problems with delinquency, teen pregnancy, school dropout, and violence. Children who live in these areas – and have behavior and adjustment problems early in life – are also more likely to have problems with drugs later on.

## FAMILY RISK FACTORS

- **Family History of the Problem Behavior** (*Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout*)

If children are raised in a family with a history of addiction to alcohol or other drugs, the risk of having alcohol and other drug problems themselves increases. If children are born or raised in a family with a history of criminal activity, the risk of juvenile delinquency increases. Similarly, children who are raised by a teenage mother are more likely to be teen parents, and children of dropouts are more likely to drop out of school themselves.

- **Family Management Problems** (*Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout*)

This risk factor has been shown to increase the risk of drug abuse, delinquency, teen pregnancy, school dropout, and violence. Poor family management practices include lack of clear expectations for behavior, failure of parents to monitor their children (knowing where they are and who they are with), and excessively severe or inconsistent punishment.

- **Family Conflict** (*Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout*)

Persistent, serious conflict between primary caregivers or between caregivers and children appears to enhance risk for children raised in these families. Conflict between family members appears to be more important than family structure. Whether the family is headed by two biological parents, a single parent, or some other primary caregiver, children raised in families high in conflict appear to be at risk for all of the problem behaviors. For example, domestic violence in a family increases the likelihood that young people will engage in delinquent behaviors and substance abuse, as well as become pregnant or drop out of school.

- **Parental Attitudes and Involvement in Drug Use, Crime, and Violence** (*Substance Abuse, Delinquency, and Violence*)

Parental attitudes and behavior toward drugs, crime, and violence influence the attitudes and behavior of their children. Parental approval of young people's moderate drinking, even under parental supervision, increases the risk of the young person using marijuana. Similarly, children of parents who excuse their children for breaking the law are more likely to develop problems with juvenile delinquency. In families where parents display violent behavior towards those outside the family, there is an increase in the risk that a child will become violent.

Further, in families where parents involve children in their own drug or alcohol behavior - for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator – there is an increased likelihood that their children will become drug abusers in adolescence.

## SCHOOL RISK FACTORS

- ***Early and Persistent Antisocial Behavior (Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout)***

Boys who are aggressive in grades K-3 are at higher risk of substance abuse and juvenile delinquency. However, aggressive behavior very early in childhood does not appear to increase risk. When a boy's aggressive behavior in the early grades is combined with isolation or withdrawal, there is an even greater risk of problems in adolescence. This increased risk also applies to aggressive behavior combined with hyperactivity or attention deficit disorder.

This risk factor also includes persistent antisocial behavior in early adolescence, like misbehaving in school, skipping school, and getting into fights with other children. Young people, both girls and boys, who engage in these behaviors during early adolescence are at increased risk for drug abuse, juvenile delinquency, violence, school dropout, and teen pregnancy.

- ***Academic Failure Beginning in Elementary School (Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout)***

Beginning in the late elementary grades, academic failure increases the risk of drug abuse, delinquency, violence, pregnancy, and school dropout. Children fail for many reasons. It appears that *the experience of failure* — not necessarily ability — increases the risk of problem behaviors.



This is particularly troubling because, in many school districts, African American, Native American, and Hispanic students have disproportionately higher rates of academic failure compared to white students. Consequently, school improvement and reducing academic failure are particularly important prevention strategies for communities of color.

- ***Lack of Commitment to School (Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout)***

Low commitment to school means the young person has ceased to see the role of student as a viable one. Young people who have lost this commitment to school are at higher risk for substance abuse, delinquency, teen pregnancy, and school dropout.

In many communities of color, education is seen as a “way out,” similar to the way early immigrants viewed education. Other subgroups in the same community may view education and school as a form of negative acculturation. In essence, if you get education, you have “sold out” to the majority culture. Young people who adopt this view are likely to be at higher risk for health and problem behaviors.

## INDIVIDUAL/PEER RISK FACTORS

- ***Alienation/Rebelliousness (Substance Abuse, Delinquency, and School Dropout)***

Young people who feel they are not part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk of drug abuse, delinquency, and school dropout.

Alienation and rebelliousness may be an especially significant risk for young people of color. Children who are consistently discriminated against may respond by removing themselves from the dominant culture and rebelling against it. On the other hand, many communities of color are experiencing significant cultural change due to integration. The conflicting emotions about family and friends working, socializing or marrying outside of the culture, may well interfere with a young person's development of a clear and positive racial identity.

- ***Friends Who Engage in the Problem Behavior (Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout)***

Young people who associate with peers who engage in problem behavior--delinquency, substance abuse, violent activity, sexual activity, or school dropout--are much more likely to engage in the same problem behavior. This is one of the most consistent predictors that research has identified. Even when young people come from well-managed families and do not experience other risk factors, just hanging out with friends who engage in the problem behavior greatly increases the child's risk of that

problem. However, young people who experience a low number of risk factors are less likely to associate with friends who are involved in the problem behavior.

- ***Favorable Attitudes Toward the Problem Behavior (Substance Abuse, Delinquency, Teen Pregnancy, and School Dropout)***

During the elementary school years, children usually express anti-drug, anti-crime, and pro-social attitudes. They have difficulty imagining why people use drugs, commit crimes, and drop out of school. However, in middle school, as others they know participate in such activities, their attitudes often shift toward greater acceptance of these behaviors. This acceptance places them at higher risk.

- ***Early Initiation of the Problem Behavior (Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout)***

The earlier young people begin using drugs, committing crimes, engaging in violent activity, dropping out of school, and becoming sexually active, the greater the likelihood that they will have problems with these behaviors later on. For example, research shows that young people who initiate drug use before the age of 15 are at twice the risk of having drug problems as those who wait until after the age of 19.

- ***Constitutional Factors (Substance Abuse, Delinquency, and Violence)***

Constitutional factors are factors that may have a biological or physiological basis. These factors are often seen in young people with behaviors such as sensation seeking, low harm-

avoidance, and lack of impulse control. These factors appear to increase the risk of young people abusing drugs, engaging in delinquent behavior, and/or committing violent acts.

## GENERALIZATIONS ABOUT RISKS

- ***Risks Exist in Multiple Domains***

Risk factors exist in all areas of life. If a single risk factor is addressed in a single area, problem behaviors may not be significantly reduced. Communities should focus on reducing risks across several areas.

- ***The More Risk Factors Present, the Greater the Risk***

While exposure to one risk factor does not condemn a child to problems later in life, exposure to a greater number of risk factors increases a young person's risk exponentially. Even if a community cannot eliminate all the risk factors which are present, reducing or eliminating even a few risk factors may significantly decrease problem behaviors for young people in that community.

- ***Common Risk Factors Predict Diverse Problem Behaviors***

Since many individual risk factors predict multiple problems, the reduction of risk factors is likely to affect a number of different problems in the community.

- ***Risk Factors Show Much Consistency in Effects Across Different Races and Cultures***

While levels of risk may vary in different racial or cultural groups, the way in which these risk factors work does not appear to vary. One implication for community prevention is to prioritize prevention efforts for groups with higher levels of risk exposure.

- ***Protective Factors May Buffer Exposure to Risk***

Protective factors are conditions that buffer young people from the negative consequences of exposure to risks by either reducing the impact of the risk or changing the way a person responds to the risk. Consequently, enhancing protective factors can reduce the likelihood of problem behaviors arising.

## PROTECTIVE FACTORS

Some youngsters who are exposed to multiple risk factors do not become substance abusers, juvenile delinquents, school dropouts, or teen parents. Balancing the risk factors are protective factors— aspects of people's lives that counter or buffer risk. Research has identified protective factors that fall into three basic categories: individual characteristics, bonding, and healthy beliefs and clear standards.

- ***Individual Characteristics***

Research has identified four individual characteristics as protective factors. These are characteristics children are born with and are difficult to change: gender, a resilient temperament, a positive social orientation, and intelligence. Intelligence, however, does not protect against substance abuse.

- ***Bonding***

Positive bonding makes up for many other disadvantages caused by other risk factors or environmental characteristics. Children who are attached to positive families, friends, school, and community, and who are committed to achieving the goals valued by these groups are less likely to develop problems in adolescence. Studies of successful children who live in high risk neighborhoods or situations indicate that strong bonds with a caregiver can keep children from getting into trouble.

To build bonding, three conditions are necessary: opportunities, skills, and recognition. Children must be provided with opportunities to contribute to their community, family, peers, and school. The challenge is to provide children with meaningful opportunities that help them feel responsible and significant.

Children must be taught the skills necessary to effectively take advantage of the opportunity they are provided. If they don't have the necessary skills to be successful, they experience frustration and/or failure. Children must also be recognized and acknowledged for their efforts. This gives them the incentive to contribute and reinforces their skillful performance.

- ***Healthy Beliefs and Clear Standards***

The people to whom youth are bonded need to have clear, positive standards for behavior. The content of these standards is what protects young people. When parents, teachers, and communities set clear standards for children's behavior, when they are widely and consistently supported, and when the consequences for not following the standards are consistent, young people are more likely to follow the standards.

Research supports the importance of a community focus.

- Risk and protective factors are found in all aspects of the community: schools, families, individuals, and the community. Community efforts can affect the entire local environment, including community norms, values, and policies.
- Because substance abuse is a phenomenon influenced by multiple risk factors, its prevention may be most effectively accomplished with a combination of interventions.
- A community-wide approach promotes the development of strong bonds to family, community, and the school.
- Because community approaches are likely to involve a wide spectrum of individuals, groups, and organizations, they create a base of support for behavior change. The firm support of community leaders and their involvement in a prevention effort are likely to lead to long-term behavior change. This reallocation of resources to reduce risk factors and enhance protective factors becomes feasible with support from community leaders.
- Programs and strategies gradually become integrated into the regular services and activities of local organizations and institu

tions. The community-wide focus creates a synergy; the whole is more powerful than the sum of its parts.

- Because many attempts to change families, schools, and other institutions have operated in isolation, they have had limited success. For meaningful change to occur, multiple interconnected forces of the community must begin to share a common vision and agenda.

## STEPS TO SUCCESSFUL PREVENTION PLANNING

**Step 1:** Is your community ready for prevention?  
(Assess community readiness)

**Step 2:** What are your community's greatest needs for prevention? (Conduct an assessment that measures risk and protective factors)

**Step 3:** Which risk and protective factors are your identified priorities? (Using assessment data to prioritize risk and protective factors)

**Step 4:** What resources already exist in your community that address the risk and protective factors that you have prioritized? (Conduct a resource assessment)

To assist you with the above tasks, view the WestCAPT Prevention Planning website (at "[www.unr.edu/westcapt](http://www.unr.edu/westcapt)" — click on "prevention program planning and best practices") for information and tools, which have been developed by researchers and prevention practitioners across the country.

**Step 5:** Where will you target your prevention efforts? (Identify gaps, including selecting universal, selective, or indicated populations)

**Step 6:** Which prevention strategies have been shown through research to be effective? (Select scientifically defensible best practices to implement to fill the gaps identified)

**Step 7:** How will you evaluate your prevention program? (Conduct evaluation planning, implementation, analysis, and use results for future program planning)

## Substance abuse prevention resources in Nevada:

Department of Human Resources–Health Division Bureau of Alcohol and Drug Abuse

- Carson City (775) 684-4190
- Las Vegas (702) 486-8250

Nevada Alcohol and Drug Information System Associate Centers

- CASAT Clearinghouse–Reno (775) 784-6336
- BEST Clearinghouse–Las Vegas (702) 385-0684

The National Clearinghouse for Alcohol and Drug Information NCADI (800) 729-6686

Thanks to Judith Donovan and David Chapman at the Kansas Alcohol and Drug Abuse Services.

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APPLYING  
PREVENTION  
THAT  
WORKS!